USAID
FROM THE AMERICAN PEOPLE

Agency-Wide Expenditures for Global Health

FY 2004

A USAID Managers Report

August 2005

PHNI Project

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Abstract

This managers report is an annual publication summarizing expenditures for global health sponsored by the U.S. Agency for International Development (USAID).

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Introduction

This report provides an overview of USAID's Agency-wide health expenditures for fiscal year (FY) 2004 (October 1, 2003, through September 30, 2004). These expenditures occur via two main channels: (1) centrally managed activities procured and managed in Washington, D.C., by USAID's Bureau for Global Health, and (2) bilateral activities managed by USAID Missions. For the purposes of this report, "bilateral" refers to Missions' expenditures under their operating year budgets through agreements procured and managed by the Missions. This does not include "field support" expenditures, which are centrally managed. Agreements managed by USAID's regional bureaus are not included in this report.

This report includes USAID expenditures in the areas of HIV/AIDS, infectious diseases, child survival/maternal health, vulnerable children, and family planning/reproductive health. It also includes trend information covering FY 2000 through FY 2004 for the family planning/reproductive health directive and trend information for FY 2001 through FY 2004 for total Agency-wide health expenditures and the HIV/AIDS, infectious diseases, and child survival/maternal health directives. (Prior to FY 2001, this report presented only family planning/reproductive health expenditures.) Because the FY 2003 edition of this report was the first to include vulnerable children expenditures, comparisons are only made between FY 2003 and FY 2004 for the vulnerable children directive.

As in prior years, the report includes an annex showing fiscal year shipment data on USAID-supported centrally funded contraceptives and condoms.

How to Interpret This Report

The primary purpose of this report is to provide USAID managers with financial information that can assist in policy and program decision-making at the global, regional, and country levels. The report provides an overview of expenditures incurred at the activity level for the implementation of Agency-wide health programs funded by USAID. The expenditure amounts reported do not represent a particular fiscal year's appropriations or obligation funding and should not be used or interpreted as such. A time lag exists between an activity's obligation funding and its expenditures, because funds are typically not expended in the same fiscal year in which they are obligated. Instead, they are expended in subsequent fiscal years. **Therefore, expenditure amounts presented in this report reflect funding decisions made prior to FY 2004 and cannot be directly compared with appropriation or obligation amounts.**

Also, expenditures presented in this report are estimates based on a comprehensive data collection process (described below under "Methodology of Data Collection"). The reported figures give managers a broad view of spending patterns but do not entail the precision and detail of formal accounting standards.

The "Expenditures by Type of Implementing Partner" graph in each chapter illustrates the distribution of primary recipient organization types. These include cooperating agencies (CAs) that have direct agreements with the Bureau for Global Health as well as institutions that have direct agreements with a Mission. This graph does not include sub-agreement information. Partnerships are presented as their primary organizational type and do not differentiate between local or non-local organizations.

The "Expenditures on In-Country Activities" graph in each chapter demonstrates what percentage of expenditures support in-country activities versus global leadership, research, and innovation activities. This graph further defines in-country activities by distinguishing between expenditures that were spent through centrally managed agreements versus Mission-managed agreements. Also provided is a distribution of in-country activities by the type of recipient organization for both centrally and Mission-managed agreements and by long- or short-term technical assistance provided by non-host country partners. The current data collection process does not include local institution breakdowns for CA field office operations that have sub-agreements through Mission-managed activities. These expenditures are captured under field office operations.

Methodology of Data Collection

This report takes its data from the following sources:

- Mission Accounting and Control Systems (MACS), October 2004
- Phoenix, October 2004
- Mission Activity Expenditure Data Submission, January 2005

- Cooperating Agency Expenditure Data Submission, December 2004

- NEWVERN Information System, January and May 2005

After the fiscal year ends, the Population, Health and Nutrition Information (PHNI) Project requests all USAID Missions and CAs that have centrally managed agreements with the Bureau for Global Health to submit the expenditure data from these sources to prepare this report.

Data from USAID Missions

In this report, data from USAID Missions are referred to as "bilateral," "Mission," or "Mission-managed." The values for Mission totals include only expenditures incurred under Mission-managed activities and do not include bilateral funds transferred via Modified Acquisition and Assistance Request Documents (MAARDs) into activities centrally managed by the Bureau for Global Health. These expenditures are reported by the CA recipients of this type of funding from a Mission under the Field Support/MAARD columns found throughout the report. Mission expenditure amounts are obtained from MACS and Phoenix. Population, health and nutrition (PHN) officers (or their designee) at each Mission then code each activity's expenditures by line item. The directive (HIV/AIDS, infectious diseases, child survival/maternal health, vulnerable children, family planning/reproductive health, or non-health-related activities) and institution that implemented the activity associated with each cost are listed for every line item. Although U.S. or local organizations reported as the implementing institution may work with other local organizations via sub-agreements, the data collection process requires that the Mission only identify the primary implementing institution. The Mission PHN officers also complete focus area and functional activity breakdowns by directive for each of their health-related activities. These breakdowns provide activity-level estimates that are aggregated in this report.

Data from Cooperating Agencies

CA data in this report include field support/MAARD expenditures and central core expenditures. CA data are sometimes referred to as "centrally managed" because they reflect expenditures incurred via agreements between CAs and the Bureau for Global Health in Washington, D.C.

Each CA provides a country-by-country breakdown of expenditures for each agreement the CA has with the Bureau for Global Health. For each country, the CA is asked to indicate how much was spent using field support/MAARD funds and how much was spent with central core funds. Next, the CA indicates for each country whether or not the amounts were spent via sub-agreements with local host institutions, as long-term or short-term technical assistance, or through other activities not captured in these categories. For sub-agreement expenditures, the CA provides a list of local host institutions and their respective expenditure amounts.

Finally, each CA completes the focus area and functional activity breakdowns for each of its agreements with the Bureau for Global Health. These percents are coded for each directive and applied evenly across all countries for which the CA reported expenditures related to the directive. Therefore, the amounts in this report are aggregates of activity-level estimates.

Data from NEWVERN Information System

NEWVERN is the central contraceptive procurement system. This system is the automated contraceptive ordering, processing, and financial management system of USAID's Commodities Security and Logistics Division. The PHNI Project annually receives contraceptive shipment data from John Snow, Inc., which manages NEWVERN. The data contain the value and quantity of shipments for each country that receives contraceptive assistance from USAID.

Total contraceptive and condom shipments (as reported in the "Global Health Overview" section of this report) represent expenditures for both HIV/AIDS and family planning. USAID's Commodities Security and Logistics Division provides the breakdown of commodity amounts used for family planning and HIV/AIDS activities based on commodities purchased and shipped using their respective funding sources.

Current Limitations to Data

Given current data collection methods, the information provided in this report has the following limitations:

- For the most part, figures reported here are based on estimates and do not reflect actual accounting figures. Informed managers code expenditure values and make estimates on the distribution of expenditures for each activity at the country level.

- The data included in this report represent Agency-wide health expenditures incurred by CAs with a centrally managed agreement with the Bureau for Global Health or by USAID field Missions. Currently, the data collection does not include expenditures incurred via regional agreements entered into by USAID regional bureaus.

- As stated earlier, the data do not include local host institution information for CAs that have sub-agreements via bilateral activities. Sub-agreement data are only available for centrally managed activities. Missions report only on primary implementers of agreements.

- For CA information, the figures for focus area and functional activity breakdowns represent coding at the agreement level and not the regional or country levels.

- The report does not include data on expenditures related to U.S. government contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Global Health Overview

Overview of USAID Global Health Expenditures

Through its partnerships with bilateral agencies, multilateral organizations, host governments, research and educational institutions, and nongovernmental organizations, USAID continues to lead, support, and implement programs that improve the quality, availability, and use of essential health services. The Agency's health programs address the following directives: HIV/AIDS, infectious diseases, child survival/maternal health, vulnerable children, and family planning/reproductive health. Agency-wide health expenditures support interventions that meet a variety of humanitarian and development needs in countries at different levels of social and economic development.

In FY 2004, Agency-wide health expenditures reached $1.52 billion. This represented a 14% increase over FY 2003 expenditures. HIV/AIDS spending increased by 34% from FY 2003 and constituted 36% of FY 2004 Agency-wide health expenditures. The family planning/reproductive health directive represented 27% of total FY 2004 Agency-wide health expenditures, while child survival/maternal health represented 26%, infectious diseases 9%, and vulnerable children 2%.

Regionally, USAID health expenditures were greatest in Africa, representing 39% ($590 million) of the total. The Asia/Near East (ANE) region represented 25% ($379 million) of the total, with Latin America/Caribbean (LAC) at 12% and Europe and Eurasia (E&E) at 6%. "Worldwide" expenditures, which primarily support research, technical leadership, strategic planning, and new initiatives, amounted to 18%. These regional distributions changed minimally from FY 2003.

Ten of the 20 top expenditure countries were in the Africa region, eight in ANE, and two in LAC. The top five countries were India ($56 million), Uganda ($54 million), Nigeria ($47 million), and Egypt and Kenya (each around $43 million). With expenditures of $30 million and $29 million respectively, Iraq and Afghanistan entered the top 20 Agency-wide health expenditure countries for the first time in FY 2004. (It should be noted that the Agency-wide health expenditures reported for Iraq represent Child Survival and Health Account funds only and do not include expenditures from the supplemental Iraq Relief and Reconstruction Fund.) Expenditures in the top 20 countries represented 47% of total Agency-wide health expenditures.

Among functional activities, service delivery and training had the largest portion of expenditures (27%), followed by behavior change and communications (14%), institutional capacity building and management (14%), and data collection, monitoring, evaluation, and health information systems (11%). Each other functional activity represented less than 10% of total expenditures.

Centrally managed agreements (in-country) accounted for the most spending ($608 million), followed by Mission-managed agreements ($602 million) and global leadership, research, and innovation ($305 million). In-country activities (both centrally managed and Mission-managed agreements) accounted for 80% of FY 2004 expenditures. Nearly half (46%) of in-country expenditures were in field office operations and long-term technical assistance via centrally managed agreements.

Private organizations were the implementing partners for 67% of FY 2004 Agency-wide health expenditures, while international organizations represented 11%, universities 8%, and government agencies 5%. Among private organizations, private nonprofit organizations expended 72% of funds.

Since FY 2001, total Agency-wide health expenditures have increased 65% from $918 million to more than $1.5 billion. USAID's portion of the U.S. government's commitment to HIV/AIDS programs (primarily in Africa) fueled the majority of expenditures, with infectious diseases and child survival/maternal health expenditures also increasing. HIV/AIDS expenditures more than tripled from $171 million in FY 2001 to $544 million in FY 2004. Infectious diseases expenditures also increased markedly from $50 million to $131 million over the same period. While increasing 39 percent from FY 2001, child survival/maternal health expenditures in FY 2003 and FY 2004 remained approximately $387 million. After declining somewhat in

FY 2002 and FY 2003, family planning/reproductive health expenditures increased to $417 million, about the same level as in FY 2001.

Between FY 2001 and FY 2004, Agency-wide health expenditures increased each year in all regions except LAC. Agency-wide health expenditures in LAC decreased below the FY 2001 figure in FY 2002 and FY 2003, before rebounding in FY 2004.

Africa had the greatest Agency-wide health expenditure increase (85%) between FY 2001 and FY 2004, reflecting increases in the HIV/AIDS and infectious diseases directives. For the majority of African countries, Agency-wide health expenditures increased over the past four years. Countries experiencing at least a doubling of expenditures between FY 2001 and FY 2004 included Botswana, Burkina Faso, Burundi, Democratic Republic of the Congo, Congo, Cote d'Ivoire, Eritrea, Mozambique, Namibia, Nigeria, Sierra Leone, South Africa, Swaziland, Tanzania, Uganda, and Zambia.

In the ANE region, recent and growing expenditures in Afghanistan, Iraq, and Pakistan helped account for greater expenditures. Between FY 2001 and FY 2004, expenditures more than doubled in Cambodia, Indonesia, Pakistan, Vietnam, and West Bank/Gaza. Pakistan and Vietnam saw very large proportional increases from less than $1 million to, respectively, more than $10 million and more than $5 million. Afghanistan and Iraq had significant increases between FY 2003 and FY 2004.

While no E&E country is among the top 20 in Agency-wide health expenditures, many countries experienced increases in expenditures between FY 2001 and FY 2004. Albania, Romania, Russia, Serbia and Montenegro, Tajikistan, and Uzbekistan expenditures more than doubled. Agency-wide health expenditures in Azerbaijan, Belarus, Turkey, Turkmenistan, and Ukraine declined over the last four years.

Expenditures on in-country activities have gradually increased since FY 2002, growing from 71% of Agency-wide health expenditures in FY 2002 to 80% in FY 2004.

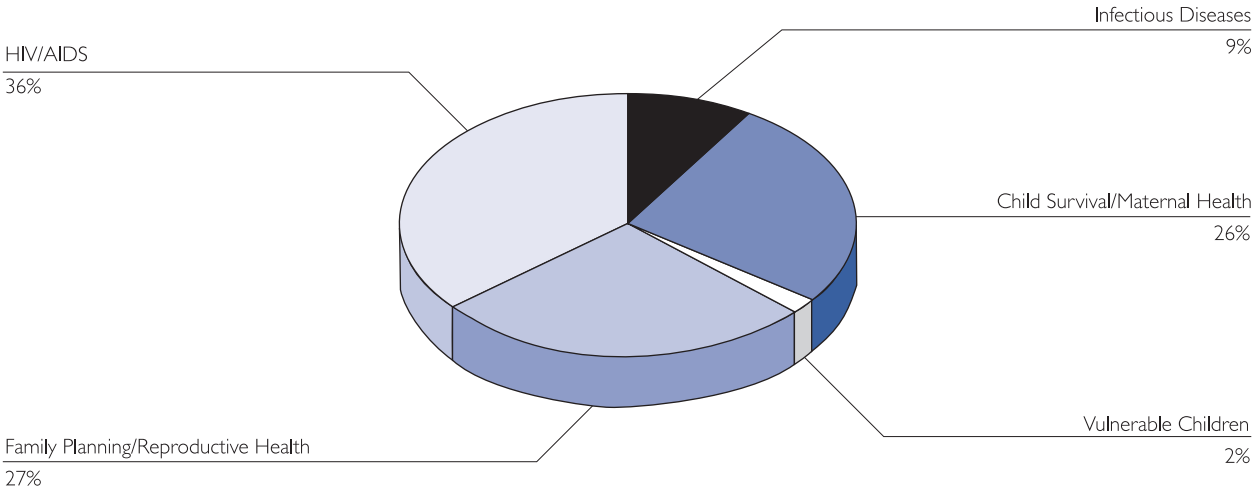
Table 1

USAID Global Health Expenditures by Directive FY 2004 ($1,000s)

Directive	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
HIV/AIDS	176,968	223,012	119,953	24,159	544,092
Infectious Diseases	46,487	39,670	44,606	-	130,763
Child Survival/Maternal Health	189,001	86,581	111,827	-	387,409
Vulnerable Children	29,133	3,218	3,592	-	35,943
Family Planning/Reproductive Health	160,367	96,325	111,506	48,852	417,050
Total	**$601,956**	**$448,806**	**$391,484**	**$73,011**	**$1,515,257**

Figure 1

USAID Global Health Expenditures by Directive FY 2004



Total: $1.52 billion

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

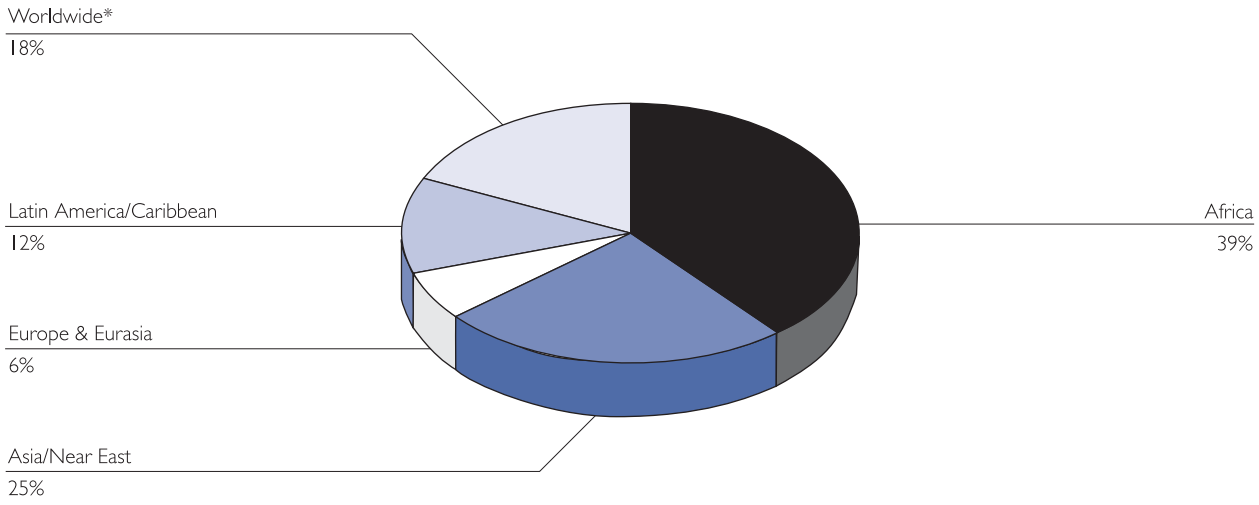
USAID Global Health Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
Africa	231,154	251,968	65,599	40,900	589,621
Asia/Near East	208,066	122,199	25,347	23,312	378,924
Europe & Eurasia	67,110	17,660	6,606	969	92,345
Latin America/Caribbean	95,626	56,979	17,577	7,830	178,012
Worldwide*	-	-	276,355	-	276,355
Total	**$601,956**	**$448,806**	**$391,484**	**$73,011**	**$1,515,257**

*Worldwide includes U.S. government contribution to the Global Alliance for Vaccines and Immunization (GAVI).

Figure 2

USAID Global Health Expenditures by Region FY 2004



Total: $1.52 billion

*Worldwide includes U.S. government contribution to the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 3

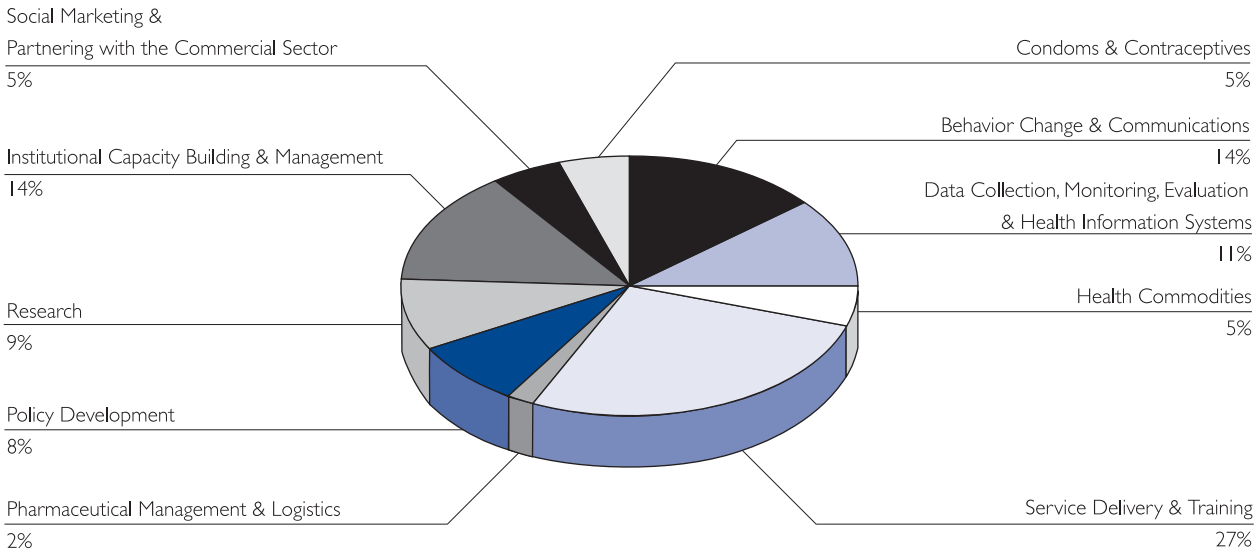
USAID Global Health Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
India	$56,398
Uganda	53,923
Nigeria	47,309
Egypt	43,354
Kenya	42,980
Ethiopia	41,007
Tanzania	38,745
Zambia	38,540
Indonesia	37,080
Bangladesh	36,514
South Africa	36,017
Mozambique	32,278
Iraq*	29,776
Afghanistan	29,379
Haiti	28,866
Philippines	26,609
Malawi	24,163
Senegal	23,993
Cambodia	23,671
Peru	23,545
Total	**$714,147**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Figure 3

USAID Global Health Expenditures by Functional Activity FY 2004



Total: $1.52 billion

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 4

USAID Global Health Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

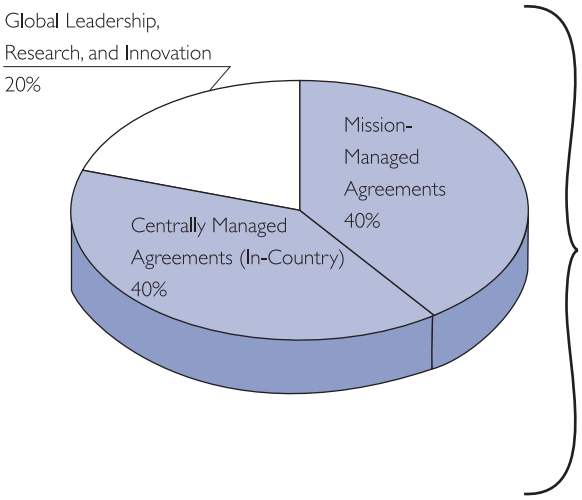
Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total Global Health Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	231,154	344,272	14,195	589,621
Asia/Near East	208,066	161,898	8,960	378,924
Europe & Eurasia	67,110	23,970	1,265	92,345
Latin America/Caribbean	95,626	78,199	4,187	178,012
Worldwide	-	-	276,355	276,355
Total	**$601,956**	**$608,339**	**$304,962**	**$1,515,257**

*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

**The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

Figure 4

Expenditures on In-Country Activities for Global Health FY 2004



Total: $1.52 billion

In-Country Activities (shaded areas)	
– Local Government Agencies	4%
– Local Private Nonprofits	5%
– Local Private For-Profits	1%
– Other In-Country Organizations*	5%
– Field Office Operations	23%
– Long-Term TA via Centrally Managed Agreements	23%
– Short-Term TA via Mission-Managed Agreements	4%
– Short-Term TA via Centrally Managed Agreements	8%
– International Organizations	2%
– Contraceptive & Condom Shipments	5%
Total	**80%**

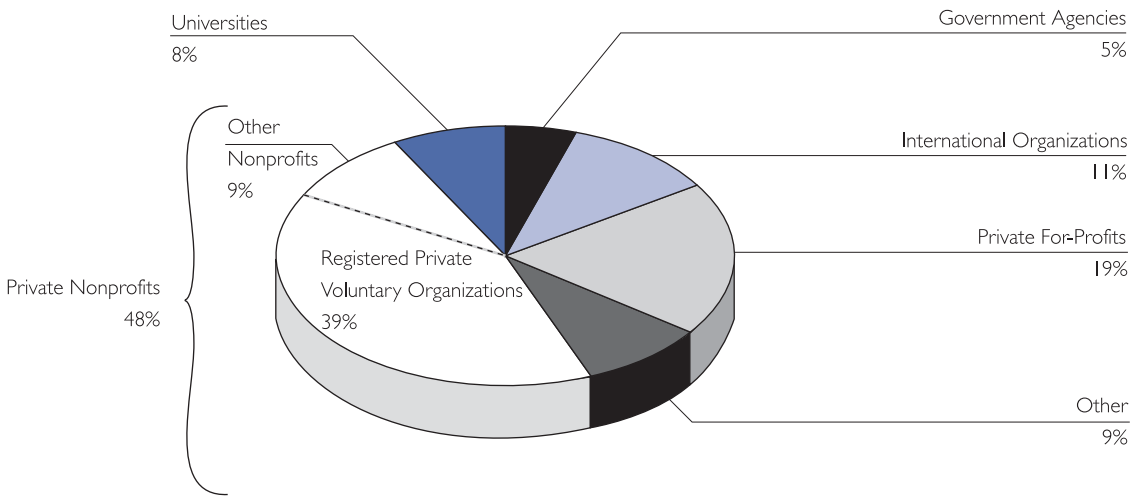
*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 5

USAID Global Health Expenditures by Type of Implementing Partner FY 2004



Total: $1.52 billion

Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: USAID Global Health Expenditures by Country and Directive FY 2004 ($1,000s)

Country	HIV/AIDS	Infectious Diseases	Child Survival/ Maternal Health	Vulnerable Children	Family Planning/ Reproductive Health	Total Global Health Expenditures
Angola	4,683	494	2,596	3,180	1,079	12,032
Benin	1,324	422	2,081	-	2,476	6,303
Botswana	1,862	-	-	-	-	1,862
Burkina Faso	861	-	-	-	682	1,543
Burundi	1,563	279	982	-	14	2,838
Cameroon	568	465	10	-	1,014	2,057
Congo, Dem. Republic of	6,264	2,061	7,030	2,926	4,394	22,675
Congo, Republic of	852	631	1,808	700	-	3,991
Cote d'Ivoire	1,125	-	15	-	-	1,140
Eritrea	2,850	804	3,200	-	523	7,377
Ethiopia	14,321	977	16,984	240	8,485	41,007
Ghana	9,390	1,936	3,016	1	6,386	20,729
Guinea	5,036	114	2,286	2	2,081	9,519
Kenya	27,363	1,718	2,961	-	10,938	42,980
Liberia	550	267	1,309	3	815	2,944
Madagascar	2,630	522	2,331	-	4,760	10,243
Malawi	14,480	707	4,326	5	4,645	24,163
Mali	3,912	1,105	4,246	-	3,793	13,056
Mozambique	15,207	609	4,546	-	11,916	32,278
Namibia	10,106	-	-	484	39	10,629
Nigeria	22,436	3,718	7,716	163	13,276	47,309
Rwanda	15,356	579	2,067	163	2,276	20,441
Senegal	7,489	5,525	5,444	-	5,535	23,993
Sierra Leone	373	-	45	443	-	861
South Africa	28,206	927	3,542	228	3,114	36,017
Sudan	117	120	629	111	42	1,019
Swaziland	1,355	-	-	-	-	1,355
Tanzania	22,985	2,025	3,437	85	10,213	38,745
Togo	982	250	152	-	309	1,693
Uganda	40,875	4,558	2,231	206	6,053	53,923
Zambia	24,768	2,919	6,066	1,152	3,635	38,540
Zimbabwe	13,956	-	38	894	1,029	15,917
REDSO/ESA	2,869	596	2,135	1,543	1,223	8,366
WARP	1,152	363	1,981	-	2,084	5,580
Multiple - Africa	11,741	4,628	5,575	430	4,122	26,496
Total Africa	**$319,607**	**$39,319**	**$100,785**	**$12,959**	**$116,951**	**$589,621**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 6

Asia/Near East: USAID Global Health Expenditures by Country and Directive FY 2004 ($1,000s)

Country	HIV/AIDS	Infectious Diseases	Child Survival/ Maternal Health	Vulnerable Children	Family Planning/ Reproductive Health	Total Global Health Expenditures
Afghanistan	-	514	14,358	714	13,793	29,379
Bangladesh	4,627	549	14,237	93	17,008	36,514
Cambodia	11,297	3,177	4,587	5	4,605	23,671
Egypt	2,946	1,998	19,913	225	18,272	43,354
India	18,671	3,783	17,448	2	16,494	56,398
Indonesia	9,567	2,178	12,915	1,308	11,112	37,080
Iraq*	-	772	23,849	2,708	2,447	29,776
Jordan	458	1,184	7,450	-	10,299	19,391
Laos	1,360	63	222	-	-	1,645
Morocco	201	7	1,362	85	856	2,511
Nepal	11,393	2,878	3,412	603	4,357	22,643
Pakistan	1,557	82	1,352	65	7,486	10,542
Philippines	1,902	4,405	2,189	-	18,113	26,609
Sri Lanka	26	-	-	-	28	54
Vietnam	1,804	75	217	2,952	67	5,115
West Bank/Gaza	29	66	4,919	-	3,492	8,506
RDM/A	2,984	297	-	-	92	3,373
Multiple - ANE	12,953	2,788	2,908	23	3,691	22,363
Total ANE	**$81,775**	**$24,816**	**$131,338**	**$8,783**	**$132,212**	**$378,924**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Table 7

Europe & Eurasia: USAID Global Health Expenditures by Country and Directive FY 2004 ($1,000)

Country	HIV/AIDS	Infectious Diseases	Child Survival/ Maternal Health	Vulnerable Children	Family Planning/ Reproductive Health	Total Global Health Expenditures
Albania	524	10	1,211	-	2,115	3,860
Armenia	668	1,181	1,877	1,401	2,364	7,491
Azerbaijan	135	97	421	4	499	1,156
Belarus	102	-	-	-	-	102
Georgia	805	828	2,043	-	891	4,567
Kazakhstan	929	2,062	1,851	-	1,809	6,651
Kosovo	16	-	-	15	-	31
Kyrgyzstan	634	1,001	2,285	-	592	4,512
Moldova	186	774	20	-	42	1,022
Romania	660	140	15	5,254	3,269	9,338
Russia	9,523	3,915	832	2,643	1,686	18,599
Serbia & Montenegro	75	-	-	-	2,131	2,206
Tajikistan	1,252	1,530	921	-	1,725	5,428
Turkey	70	-	6	-	20	96
Turkmenistan	13	585	479	-	275	1,352
Ukraine	1,534	800	151	-	973	3,458
Uzbekistan	4,031	1,847	3,119	-	4,662	13,659
Central Asian Republics	1,210	1,188	462	-	167	3,027
Multiple - E&E	3,384	612	1,580	-	214	5,790
Total E&E	**$25,751**	**$16,570**	**$17,273**	**$9,317**	**$23,434**	**$92,345**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 8

Latin America/Caribbean: USAID Global Health Expenditures by Country and Directive FY 2004 ($1,000s)

Country	HIV/AIDS	Infectious Diseases	Child Survival/ Maternal Health	Vulnerable Children	Family Planning/ Reproductive Health	Total Global Health Expenditures
Bolivia	1,755	1,922	3,539	-	11,163	18,379
Brazil	2,793	2,723	9	2,010	121	7,656
Dominican Republic	5,654	1,028	3,041	-	3,391	13,114
Ecuador	97	59	439	-	883	1,478
El Salvador	1,414	2,019	5,446	-	4,292	13,171
Guatemala	970	69	4,142	-	8,688	13,869
Guyana	3,582	26	19	-	80	3,707
Haiti	13,697	1,738	8,014	663	4,754	28,866
Honduras	4,221	1,246	3,761	-	6,228	15,456
Jamaica	1,160	4	62	-	3,113	4,339
Mexico	2,556	1,096	-	196	789	4,637
Nicaragua	544	712	5,912	-	3,604	10,772
Paraguay	126	2	37	-	2,705	2,870
Peru	780	1,272	5,984	166	15,343	23,545
Trinidad & Tobago	35	-	-	-	-	35
Caribbean Regional	4,648	51	-	-	8	4,707
G/CAP	1,946	31	42	-	-	2,019
Multiple - LAC	5,158	1,862	1,241	-	1,131	9,392
Total LAC	**$51,136**	**$15,860**	**$41,688**	**$3,035**	**$66,293**	**$178,012**

Table 9

Worldwide: USAID Global Health Expenditures by Country and Directive FY 2004 ($1,000s)

Country	HIV/AIDS	Infectious Diseases	Child Survival/ Maternal Health**	Vulnerable Children	Family Planning/ Reproductive Health	Total Global Health Expenditures
USA*	23,314	2,948	6,164	1,442	20,766	54,634
Multiple - Interregional	42,509	31,250	90,161	407	57,394	221,721
Total Worldwide	**$65,823**	**$34,198**	**$96,325**	**$1,849**	**$78,160**	**$276,355**

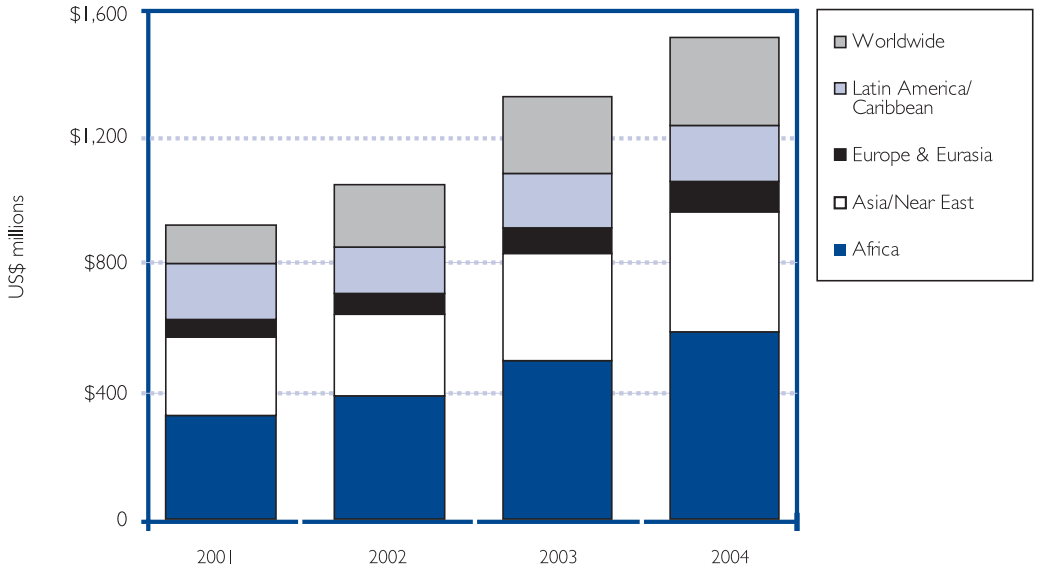
*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

** Total Worldwide for Child Survival/Maternal Health includes the U.S. government contribution to the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 6

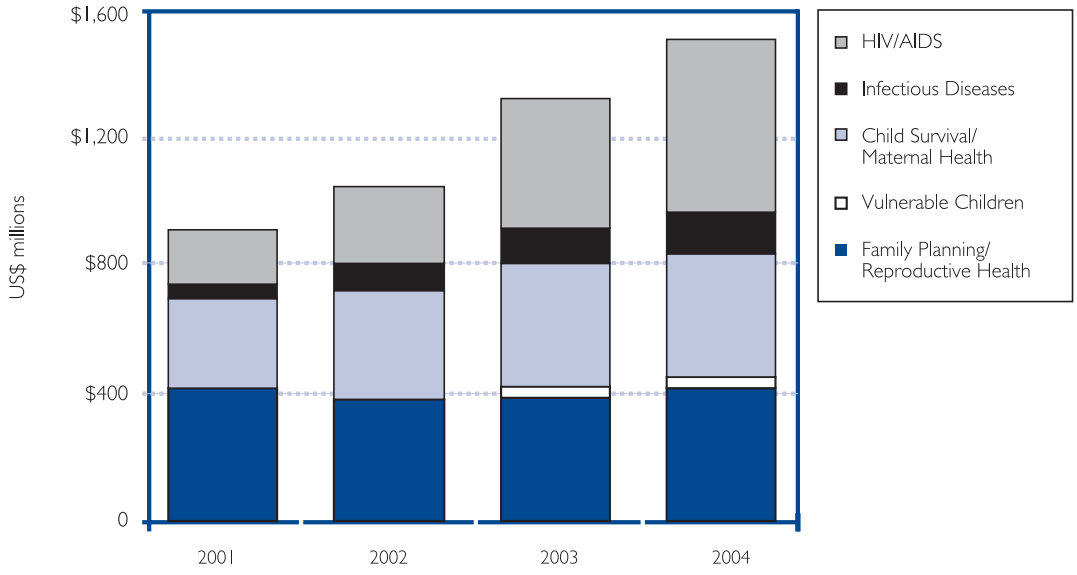
Trends in Global Health Expenditures by Region FY 2001–2004



Note: FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

Figure 7

Trends in Global Health Expenditures by Directive FY 2001–2004



Note: FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: Trends in USAID Global Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Angola	6,031	5,516	8,567	12,032
Benin	7,531	8,747	7,656	6,303
Botswana	216	629	880	1,862
Burkina Faso	482	1,080	1,806	1,543
Burundi	395	599	1,126	2,838
Cameroon	1,385	1,988	1,529	2,057
Congo, Dem. Republic of	5,230	10,699	17,419	22,675
Congo, Republic of	602	2,018	695	3,991
Cote d'Ivoire	150	999	524	1,140
Eritrea	2,812	10,077	6,896	7,377
Ethiopia	26,115	22,691	25,070	41,007
Ghana	18,431	31,164	23,737	20,729
Guinea	6,945	1,425	10,445	9,519
Kenya	22,352	23,391	31,272	42,980
Liberia	3,848	2,588	2,216	2,944
Madagascar	12,382	11,836	14,468	10,243
Malawi	12,374	20,670	17,642	24,163
Mali	10,313	18,888	13,501	13,056
Mozambique	12,638	16,740	29,719	32,278
Namibia	949	801	4,479	10,629
Nigeria	21,555	23,697	36,321	47,309
Rwanda	12,062	6,383	12,318	20,441
Senegal	12,053	14,121	20,323	23,993
Sierra Leone	38	148	1,260	861
South Africa	17,265	18,278	32,920	36,017
Sudan	-	111	1,167	1,019
Swaziland	256	201	250	1,355
Tanzania	14,030	14,569	22,029	38,745
Togo	1,130	1,038	1,654	1,693
Uganda	22,605	29,817	34,410	53,923
Zambia	18,708	22,083	31,005	38,540
Zimbabwe	11,413	5,585	17,190	15,917
REDSO/ESA	6,326	4,091	5,355	8,366
WARP	11,804	17,861	33,888	5,580
Multiple - Africa	18,019	34,589	28,646	26,496
Total Africa	**$318,445**	**$385,118**	**$498,383**	**$589,621**

Notes: 1) Variations from previously reported values may occur in historical data as new information is obtained.
2) FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 11

Asia/Near East: Trends in USAID Global Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Afghanistan	-	92	5,743	29,379
Bangladesh	49,229	41,343	36,045	36,514
Cambodia	11,094	12,472	20,786	23,671
Egypt	47,427	56,099	55,877	43,354
India	32,223	32,433	44,016	56,398
Indonesia	15,492	32,626	41,450	37,080
Iraq*	-	-	8,008	29,776
Jordan	16,468	23,498	23,543	19,391
Laos	-	214	1,998	1,645
Morocco	8,579	7,523	6,288	2,511
Nepal	15,641	15,577	22,066	22,643
Pakistan	108	376	2,839	10,542
Philippines	33,736	20,210	29,651	26,609
Sri Lanka	239	91	76	54
Vietnam	472	1,653	6,727	5,115
West Bank/Gaza	3,127	1,293	12,009	8,506
RDM/A	1,189	2,335	2,639	3,373
Multiple – ANE	8,157	11,208	18,886	22,363
Total ANE	**$243,181**	**$259,043**	**$338,647**	**$378,924**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Notes: 1) Variations from previously reported values may occur in historical data as new information is obtained.
2) FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Europe & Eurasia: Trends in USAID Global Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Albania	524	2,242	3,502	3,860
Armenia	8,203	7,585	10,160	7,491
Azerbaijan	2,854	1,666	2,577	1,156
Belarus	304	287	140	102
Czech Republic	14	-	-	-
Georgia	4,331	5,149	3,634	4,567
Hungary	14	-	-	-
Kazakhstan	6,247	5,233	7,791	6,651
Kosovo	-	583	116	31
Kyrgyzstan	2,688	2,501	3,613	4,512
Moldova	600	621	408	1,022
Poland	14	-	-	-
Romania	4,238	2,643	5,382	9,338
Russia	8,114	13,768	15,519	18,599
Serbia & Montenegro	636	651	120	2,206
Tajikistan	1,252	1,590	2,915	5,428
Turkey	1,753	1,711	140	96
Turkmenistan	1,723	1,351	1,042	1,352
Ukraine	6,550	6,370	6,788	3,458
Uzbekistan	4,985	6,360	8,606	13,659
Central Asian Republics	1,515	405	1,193	3,027
Multiple – E&E	724	4,909	5,072	5,790
Total E&E	**$57,283**	**$65,625**	**$78,718**	**$92,345**

Notes: 1) Variations from previously reported values may occur in historical data as new information is obtained.
2) FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 13

Latin America/Caribbean: Trends in USAID Global Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Bolivia	25,247	19,896	16,448	18,379
Brazil	3,462	4,881	7,218	7,656
Dominican Republic	10,057	9,943	10,544	13,114
Ecuador	7,642	2,649	521	1,478
El Salvador	13,545	12,618	14,295	13,171
Guatemala	19,328	11,774	16,323	13,869
Guyana	427	442	1,383	3,707
Haiti	20,433	13,746	29,596	28,866
Honduras	13,821	11,284	12,163	15,456
Jamaica	3,410	6,282	6,131	4,339
Mexico	1,747	2,965	4,402	4,637
Nicaragua	22,709	14,519	10,436	10,772
Paraguay	2,347	2,904	2,227	2,870
Peru	21,289	20,749	20,740	23,545
Trinidad & Tobago	-	30	140	35
Caribbean Regional	122	772	3,019	4,707
G/CAP	6,350	3,847	6,957	2,019
Multiple – LAC	4,203	5,119	6,649	9,392
Total LAC	**$176,139**	**$144,420**	**$169,192**	**$178,012**

Notes: 1) Variations from previously reported values may occur in historical data as new information is obtained.
2) FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

Table 14

Worldwide: Trends in USAID Global Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
USA*	19,360	36,595	52,353	54,634
Multiple - Interregional	103,137	159,242	191,071	221,721
Total Worldwide	**$122,497**	**$195,837**	**$243,424**	**$276,355**

*USA expenditures include amounts spent within the United States to support research, technical leadership, strategic planning, and new initiatives.

Global Health Totals	$917,545	$1,050,043	$1,328,364	$1,515,257

Notes: 1) Variations from previously reported values may occur in historical data as new information is obtained.
2) FY 2001 and FY 2002 Agency-wide health expenditures do not include Vulnerable Children expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

HIV/AIDS Overview

Overview of HIV/AIDS Expenditures

USAID makes the fight against HIV/AIDS a top priority, not only for humanitarian reasons but because the HIV/AIDS crisis threatens the prosperity, stability, and development of nations around the world. USAID is a key participant in the U.S. government's interagency approach to addressing HIV/AIDS needs in developing countries. The expenditures represented in this report constitute USAID's portion of U.S. government HIV/AIDS activities. As an implementing agency of the President's Emergency Plan for AIDS Relief, USAID works in many nations, including 15 focus countries where more than half of the world's HIV-infected persons live. The goals of the Emergency Plan are to support treatment for 2 million people living with HIV/AIDS, prevent 7 million new infections, and support the care of 10 million people infected and affected by HIV/AIDS in the 15 focus countries.

HIV/AIDS expenditures rose steadily across USAID-supported countries between FY 2001 and FY 2004. The increase in expenditures is a result of additional resources and obligations to HIV/AIDS under the Emergency Plan and is of particular note in the 15 focus countries in USAID's Africa, LAC, and ANE regions. In the 15 focus countries combined, expenditures reached $244 million in FY 2004, more than four times FY 2001 expenditures. Four-year increases were especially large in Uganda, where expenditures rose by more than $33 million between FY 2001 and FY 2004, and in South Africa, where expenditures increased by nearly $25 million over the same period. Of the 15 focus countries, Uganda, South Africa, and Kenya were the three leading expenditure countries.

About half of expenditures in FY 2004 were through field support/MAARDs. In a handful of countries, however, including Guyana, Mozambique, Tanzania, and Uganda, Mission/bilateral agreements were the primary expenditure mechanism.

In addition to Emergency Plan activities, USAID currently supports treatment, prevention, care, and support interventions in 78 countries (including the 15 focus countries), in six sub-regional programs, and through worldwide initiatives. These activities operate through a wide array of collaborations with international and U.S. partners, including faith- and community-based organizations, the private sector, and international initiatives.

In FY 2004, USAID HIV/AIDS expenditures exceeded $544 million, a 34% increase over FY 2003 and a 129% increase over FY 2002. In order to quickly ramp up activities over the last few years, the Agency increased investments in ongoing centrally managed programs with existing local partners. A large proportion of FY 2004 expenditures, 33%, were Mission/bilateral, while central core spending represented 22%. Expenditures in those countries initially supported under President Bush's International Mother and Child HIV Prevention Initiative increased between FY 2003 and FY 2004. FY 2004 Global HIV/AIDS Initiative (GHAI) funds were obligated to Missions late in the fiscal year. This, in addition to expected increases in GHAI obligations in FY 2005, will likely result in large reported increases in HIV/AIDS expenditures in the coming years.

In FY 2004, condom shipments amounted to 4% of total HIV/AIDS expenditures and fewer condoms were shipped to Emergency Plan focus countries than in FY 2003 ($8.3 million in FY 2003 shipment values versus $5.0 million in FY 2004). The reduction in condoms shipped to focus countries was primarily due to the inability of condom suppliers to meet their production goals. USAID's two U.S.-based contractors each ended 2004 approximately 100 million condoms behind on their contract delivery schedules. However, there were no stockouts. In addition, about half of the focus countries have obtained other supply arrangements that include host-country government financing or other donor financing. The responsibility of condom procurement, like other aspects of HIV/AIDS programs, is negotiated locally.

By region, more than half of HIV/AIDS expenditures ($320 million, or 59%) were in Africa, followed by ANE at $82 million (15%), LAC at $51 million (9%), and E&E at $26 million (5%). "Worldwide" expenditures, which primarily support research, technical leadership, strategic

planning, and new initiatives, amounted to $66 million (12%). Expenditures increased from FY 2003 to FY 2004 in all regions – Africa by 39%, ANE by 24%, E&E by 50%, and LAC by 17%.

The top 20 recipient countries accounted for 63% of HIV/AIDS expenditures. Uganda ($41 million), South Africa ($28 million), Kenya ($27 million), Zambia ($25 million), and Tanzania ($23 million) were the five countries with the highest FY 2004 expenditures.

Mission-managed agreements represented 33% of expenditures in FY 2004, while centrally managed agreements (in-country) represented 53% and global leadership, research, and innovation represented 14%. The majority of expenditures (86%) represented in-country activities (both centrally managed and Mission-managed agreements), of which more than half included long-term technical assistance via centrally managed agreements (30% of total HIV/AIDS expenditures), field office operations (23%), and short-term technical assistance via centrally managed agreements (9%). USAID's main implementing partners in FY 2004 included private nonprofit organizations, which accounted for 58% of expenditures, and private for-profit organizations, which accounted for 18%.

The top six activities supported by HIV/AIDS expenditures were behavior change and communications (21%); service delivery (16%); institutional capacity building and management (12%); data collection, monitoring, evaluation, and health information systems (10%); research (9%); and training (9%).

Between FY 2001 and FY 2004, total HIV/AIDS expenditures more than tripled from $171 million to $544 million. During this period, Africa increased nearly fourfold from $85 million to $320 million. Significant increases also occurred in ANE ($34 million to $82 million), E&E ($9 million to $26 million), and LAC ($26 million to $51 million). These increases, with special attention to the Africa and ANE regions and to partnerships with private organizations, reflect USAID's efforts to scale up interventions and engage new partners in combating the devastating impact of HIV/AIDS on individuals, families, and communities.

Table 1

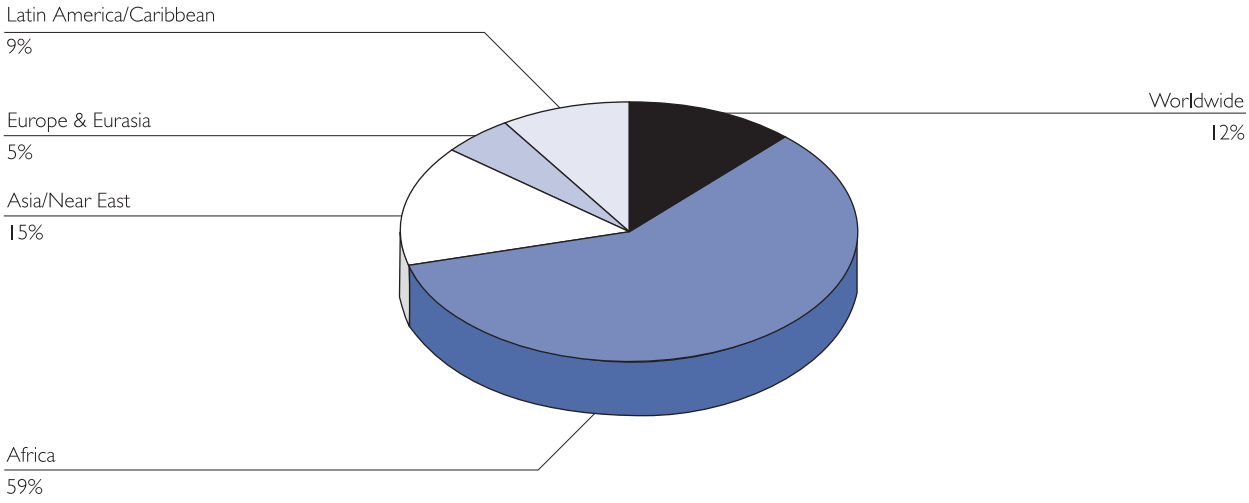
USAID HIV/AIDS Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Africa	120,053	147,589	34,540	17,425	319,607
Asia/Near East	20,941	47,859	8,589	4,386	81,775
Europe & Eurasia	13,310	8,201	3,954	286	25,751
Latin America/Caribbean	22,664	19,363	7,047	2,062	51,136
Worldwide	-	-	65,823	-	65,823
Total	**$176,968**	**$223,012**	**$119,953**	**$24,159**	**$544,092**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

Figure 1

USAID HIV/AIDS Expenditures by Region FY 2004

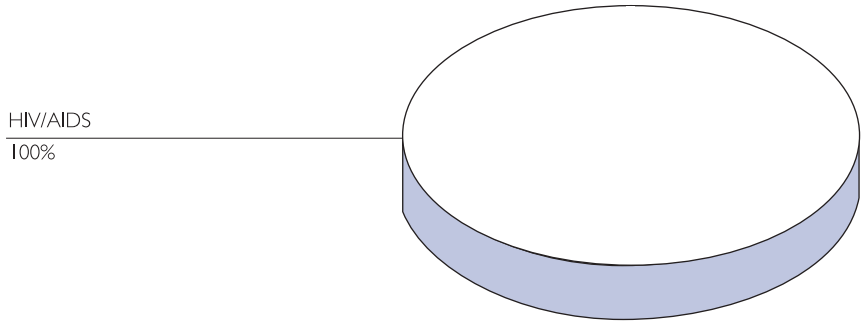


Total: $544.1 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 2

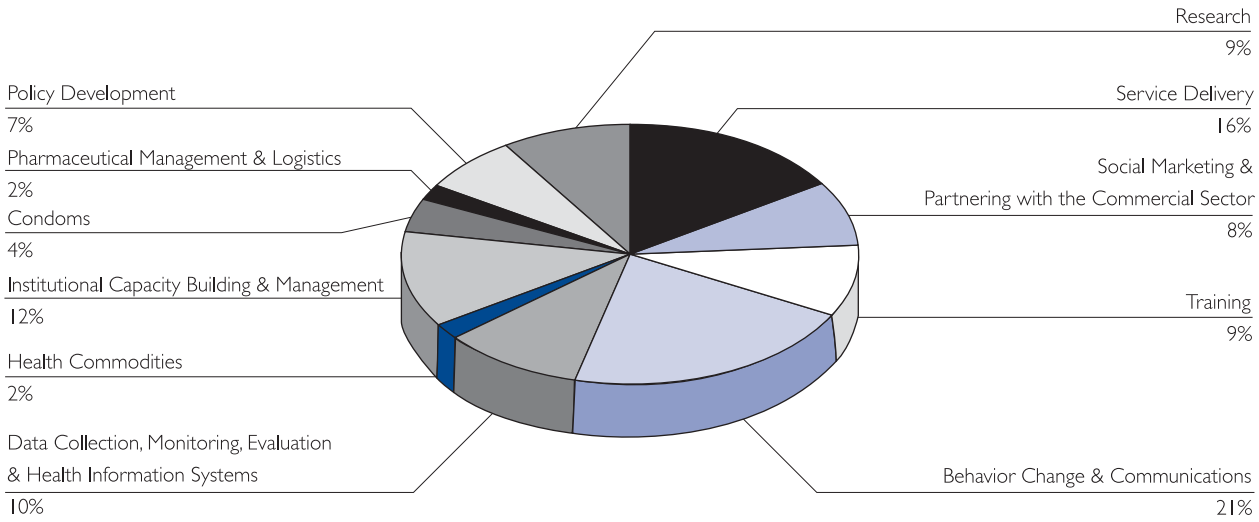
USAID HIV/AIDS Expenditures by Focus Area FY 2004



Total: $544.1 million

Figure 3

USAID HIV/AIDS Expenditures by Functional Activity FY 2004



Total: $544.1 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

USAID HIV/AIDS Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
Uganda	$40,875
South Africa	28,206
Kenya	27,363
Zambia	24,768
Tanzania	22,985
Nigeria	22,436
India	18,671
Rwanda	15,356
Mozambique	15,207
Malawi	14,480
Ethiopia	14,321
Zimbabwe	13,956
Haiti	13,697
Nepal	11,393
Cambodia	11,297
Namibia	10,106
Indonesia	9,567
Russia	9,523
Ghana	9,390
Senegal	7,489
Total	**$341,086**

Table 3

USAID HIV/AIDS Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total HIV/AIDS Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	120,053	192,569	6,985	319,607
Asia/Near East	20,941	59,064	1,770	81,775
Europe & Eurasia	13,310	11,622	819	25,751
Latin America/Caribbean	22,664	25,825	2,647	51,136
Worldwide	-	-	65,823	65,823
Total	**$176,968**	**$289,080**	**$78,044**	**$544,092**

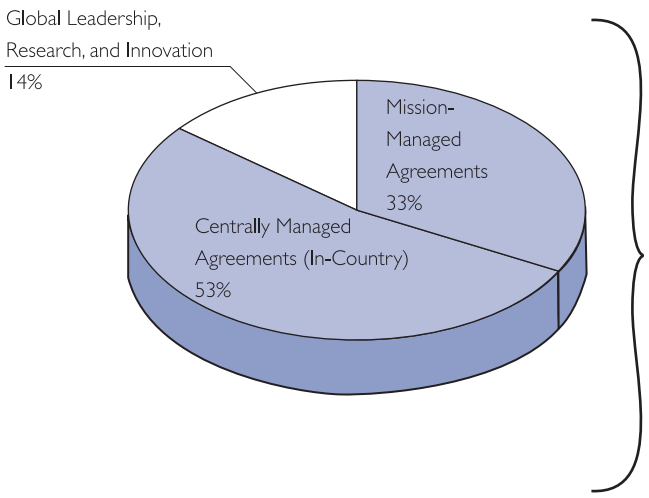
*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

**The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 4

USAID Expenditures on In-Country Activities for HIV/AIDS FY 2004



Total: $544.1 million

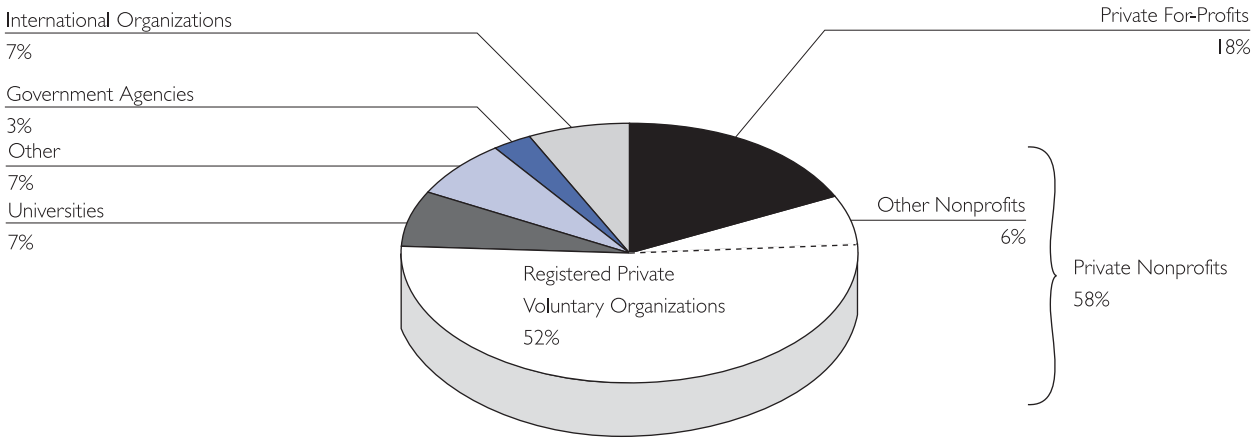
In-Country Activities (shaded areas)	
– Local Government Agencies	3%
– Local Private Nonprofits	6%
– Local Private For-Profits	2%
– Other In-Country Organizations*	6%
– Field Office Operations	23%
– Long-Term TA via Centrally Managed Agreements	30%
– Short-Term TA via Mission-Managed Agreements	2%
– Short-Term TA via Centrally Managed Agreements	9%
– International Organizations	<1%
– Contraceptive & Condom Shipments	5%
Total	**86%**

*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

USAID HIV/AIDS Expenditures by Type of Implementing Partner FY 2004



Total: $544.1 million

Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.
These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 4

USAID HIV/AIDS Expenditures for Emergency Plan Countries FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Botswana	-	1,179	683	-	1,862
Cote d'Ivoire	-	491	619	15	1,125
Ethiopia	4,074	7,050	513	2,684	14,321
Guyana	2,492	880	210	-	3,582
Haiti	6,548	5,197	1,565	387	13,697
Kenya	5,075	18,602	3,686	-	27,363
Mozambique	9,627	4,656	828	96	15,207
Namibia	-	9,812	294	-	10,106
Nigeria	4,914	13,707	3,815	-	22,436
Rwanda	1,699	11,406	2,183	68	15,356
South Africa	12,220	13,535	2,444	7	28,206
Tanzania	15,446	6,247	1,097	195	22,985
Uganda	24,690	12,720	2,171	1,294	40,875
Vietnam	-	1,300	234	270	1,804
Zambia	7,533	15,208	2,027	-	24,768
Total Emergency Plan	**$94,318**	**$121,990**	**$22,369**	**$5,016**	**$243,693**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: USAID HIV/AIDS Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Angola	358	2,782	471	1,072	4,683
Benin	1,139	110	75	-	1,324
Botswana	-	1,179	683	-	1,862
Burkina Faso	-	404	385	72	861
Burundi	-	1,233	253	77	1,563
Cameroon	-	-	270	298	568
Congo, Dem. Republic of	1,410	1,900	242	2,712	6,264
Congo, Republic of	-	450	402	-	852
Cote d'Ivoire	-	491	619	15	1,125
Eritrea	203	2,072	158	417	2,850
Ethiopia	4,074	7,050	513	2,684	14,321
Ghana	2,175	3,139	4,076	-	9,390
Guinea	3,024	1,214	263	535	5,036
Kenya	5,075	18,602	3,686	-	27,363
Liberia	-	-	-	550	550
Madagascar	156	1,560	225	689	2,630
Malawi	7,679	5,051	739	1,011	14,480
Mali	3,140	321	138	313	3,912
Mozambique	9,627	4,656	828	96	15,207
Namibia	-	9,812	294	-	10,106
Nigeria	4,914	13,707	3,815	-	22,436
Rwanda	1,699	11,406	2,183	68	15,356
Senegal	6,060	314	422	693	7,489
Sierra Leone	-	-	194	179	373
South Africa	12,220	13,535	2,444	7	28,206
Sudan	40	2	75	-	117
Swaziland	-	550	300	505	1,355
Tanzania	15,446	6,247	1,097	195	22,985
Togo	-	402	241	339	982
Uganda	24,690	12,720	2,171	1,294	40,875
Zambia	7,533	15,208	2,027	-	24,768
Zimbabwe	7,623	2,761	567	3,005	13,956
REDSO/ESA	808	2,061	-	-	2,869
WARP	943	209	-	-	1,152
Multiple – Africa	17	6,441	4,684	599	11,741
Total Africa	**$120,053**	**$147,589**	**$34,540**	**$17,425**	**$319,607**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 6

Asia/Near East: USAID HIV/AIDS Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Bangladesh	-	4,119	148	360	4,627
Cambodia	3,225	7,662	410	-	11,297
Egypt	2,040	827	79	-	2,946
India	4,214	12,747	1,710	-	18,671
Indonesia	9,192	188	144	43	9,567
Jordan	89	369	-	-	458
Laos	-	838	90	432	1,360
Morocco	30	52	77	42	201
Nepal	150	8,627	608	2,008	11,393
Pakistan	-	741	258	558	1,557
Philippines	1,395	389	118	-	1,902
Sri Lanka	-	-	26	-	26
Vietnam	-	1,300	234	270	1,804
West Bank/Gaza	-	29	-	-	29
RDM/A	237	1,590	1,157	-	2,984
Multiple – ANE	369	8,381	3,530	673	12,953
Total ANE	**$20,941**	**$47,859**	**$8,589**	**$4,386**	**$81,775**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

Table 7

Europe & Eurasia: USAID HIV/AIDS Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Albania	432	18	74	-	524
Armenia	289	150	229	-	668
Azerbaijan	131	-	-	4	135
Belarus	-	-	102	-	102
Georgia	800	5	-	-	805
Kazakhstan	649	12	268	-	929
Kosovo	-	16	-	-	16
Kyrgyzstan	548	11	75	-	634
Moldova	111	-	75	-	186
Romania	237	20	121	282	660
Russia	3,652	4,939	932	-	9,523
Serbia & Montenegro	-	-	75	-	75
Tajikistan	1,177	-	75	-	1,252
Turkey	-	-	70	-	70
Turkmenistan	13	-	-	-	13
Ukraine	95	1,214	225	-	1,534
Uzbekistan	3,991	40	-	-	4,031
Central Asian Republics	1,185	17	8	-	1,210
Multiple – E&E	-	1,759	1,625	-	3,384
Total E&E	**$13,310**	**$8,201**	**$3,954**	**$286**	**$25,751**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 8

Latin America/Caribbean: USAID HIV/AIDS Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Bolivia	1,010	67	87	591	1,755
Brazil	1,493	600	700	-	2,793
Dominican Republic	4,426	360	260	608	5,654
Ecuador	-	22	75	-	97
El Salvador	332	782	75	225	1,414
Guatemala	27	641	253	49	970
Guyana	2,492	880	210	-	3,582
Haiti	6,548	5,197	1,565	387	13,697
Honduras	1,552	1,983	686	-	4,221
Jamaica	932	32	184	12	1,160
Mexico	119	2,355	82	-	2,556
Nicaragua	-	373	171	-	544
Paraguay	-	8	-	118	126
Peru	326	439	15	-	780
Trinidad & Tobago	-	-	12	23	35
Caribbean Regional	1,870	2,757	21	-	4,648
G/CAP	1,537	409	-	-	1,946
Multiple – LAC	-	2,458	2,651	49	5,158
Total LAC	**$22,664**	**$19,363**	**$7,047**	**$2,062**	**$51,136**

*Condom expenditures are based on the value of shipments and include commodities purchased and shipped using HIV/AIDS funds.
Source: NEWVERN Information System, January 2005.

Table 9

Worldwide: USAID HIV/AIDS Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms	Total HIV/AIDS Expenditures
USA*	-	-	23,314	-	23,314
Multiple - Interregional	-	-	42,509	-	42,509
Total Worldwide	**-**	**-**	**$65,823**	**-**	**$65,823**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 6

Trends in USAID HIV/AIDS Expenditures by Region FY 2001–2004

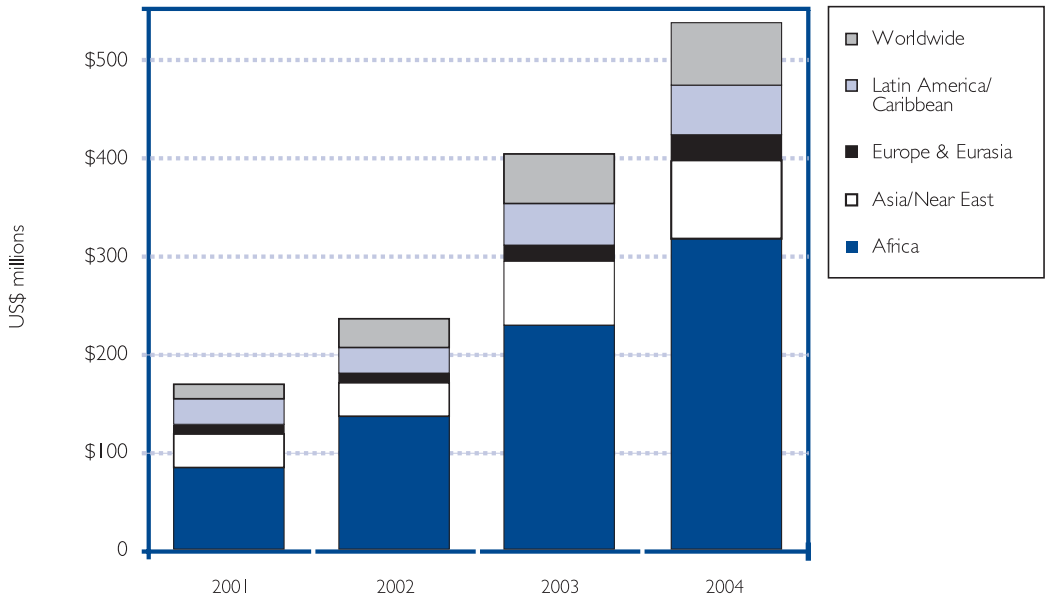


Table 10

Trends in USAID HIV/AIDS Expenditures for Emergency Plan Countries FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Botswana	65	626	880	1,862
Cote d'Ivoire	4	595	359	1,125
Ethiopia	4,052	6,295	12,080	14,321
Guyana	405	442	1,264	3,582
Haiti	3,724	3,431	8,616	13,697
Kenya	11,304	12,807	19,307	27,363
Mozambique	2,717	5,609	13,986	15,207
Namibia	808	787	3,679	10,106
Nigeria	5,779	7,858	16,322	22,436
Rwanda	4,183	3,488	7,789	15,356
South Africa	3,607	10,451	18,815	28,206
Tanzania	6,003	5,904	12,445	22,985
Uganda	7,336	15,522	17,094	40,875
Vietnam	176	944	2,055	1,804
Zambia	7,003	10,969	17,571	24,768
Total Emergency Plan	**$57,166**	**$85,728**	**$152,262**	**$243,693**

Notes: 1) Emergency Plan funding began in FY 2003.
2) Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: Trends in USAID HIV/AIDS Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Angola	1,052	1,935	4,897	4,683
Benin	2,519	2,568	2,508	1,324
Botswana	65	626	880	1,862
Burkina Faso	375	302	1,301	861
Burundi	125	311	785	1,563
Cameroon	11	254	801	568
Congo, Dem. Republic of	1,368	4,148	4,081	6,264
Congo, Republic of	2	16	220	852
Cote d'Ivoire	4	595	359	1,125
Eritrea	1,311	1,798	1,965	2,850
Ethiopia	4,052	6,295	12,080	14,321
Ghana	3,840	7,070	8,186	9,390
Guinea	85	250	785	5,036
Kenya	11,304	12,807	19,307	27,363
Liberia	-	17	78	550
Madagascar	2,023	1,449	4,139	2,630
Malawi	2,215	8,030	9,305	14,480
Mali	998	1,685	2,906	3,912
Mozambique	2,717	5,609	13,986	15,207
Namibia	808	787	3,679	10,106
Nigeria	5,779	7,858	16,322	22,436
Rwanda	4,183	3,488	7,789	15,356
Senegal	1,646	3,788	6,910	7,489
Sierra Leone	-	32	206	373
South Africa	3,607	10,451	18,815	28,206
Sudan	-	39	82	117
Swaziland	140	181	250	1,355
Tanzania	6,003	5,904	12,445	22,985
Togo	30	79	1,212	982
Uganda	7,336	15,522	17,094	40,875
Zambia	7,003	10,969	17,571	24,768
Zimbabwe	6,207	4,094	13,023	13,956
REDSO/ESA	1,182	1,343	1,580	2,869
WARP	4,801	6,525	14,177	1,152
Multiple – Africa	2,266	9,599	10,727	11,741
Total Africa	**$85,057**	**$136,424**	**$230,451**	**$319,607**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 12

Asia/Near East: Trends in USAID HIV/AIDS Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Bangladesh	2,222	1,633	3,042	4,627
Cambodia	3,585	4,875	11,454	11,297
Egypt	2,520	2,589	2,455	2,946
India	6,580	6,357	10,838	18,671
Indonesia	5,233	5,350	6,953	9,567
Jordan	967	132	361	458
Laos	-	214	1,046	1,360
Morocco	649	278	713	201
Nepal	2,817	3,867	9,058	11,393
Pakistan	-	68	826	1,557
Philippines	3,170	1,128	2,955	1,902
Sri Lanka	62	16	55	26
Vietnam	176	944	2,055	1,804
West Bank/Gaza	211	1	34	29
RDM/A	1,034	2,032	1,793	2,984
Multiple – ANE	5,116	6,265	12,540	12,953
Total ANE	**$34,342**	**$35,749**	**$66,178**	**$81,775**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

Table 13

Europe & Eurasia: Trends in USAID HIV/AIDS Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Albania	42	11	47	524
Armenia	296	408	466	668
Azerbaijan	3	69	159	135
Belarus	-	53	140	102
Georgia	624	658	1,011	805
Kazakhstan	1,154	317	1,738	929
Kosovo	-	-	-	16
Kyrgyzstan	467	16	364	634
Moldova	-	85	69	186
Romania	763	352	628	660
Russia	1,937	5,196	4,782	9,523
Serbia & Montenegro	-	-	-	75
Tajikistan	196	13	576	1,252
Turkey	217	2	-	70
Turkmenistan	223	32	129	13
Ukraine	1,924	722	2,000	1,534
Uzbekistan	769	156	431	4,031
Central Asian Republics	106	91	479	1,210
Multiple – E&E	18	1,482	4,101	3,384
Total E&E	**$8,739**	**$9,663**	**$17,120**	**$25,751**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 14

Latin America/Caribbean: Trends in USAID HIV/AIDS Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Bolivia	1,402	586	1,430	1,755
Brazil	2,773	4,233	4,879	2,793
Dominican Republic	3,329	4,173	4,650	5,654
Ecuador	140	18	3	97
El Salvador	114	277	980	1,414
Guatemala	297	232	367	970
Guyana	405	442	1,264	3,582
Haiti	3,724	3,431	8,616	13,697
Honduras	2,354	1,455	2,781	4,221
Jamaica	1,368	1,962	2,204	1,160
Mexico	1,058	1,913	1,805	2,556
Nicaragua	1,491	127	350	544
Paraguay	47	27	67	126
Peru	766	168	810	780
Trinidad & Tobago	-	30	140	35
Caribbean Regional	121	638	3,019	4,648
G/CAP	6,350	3,513	6,807	1,946
Multiple – LAC	555	2,343	3,390	5,158
Total LAC	**$26,294**	**$25,568**	**$43,562**	**$51,136**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

Table 15

Worldwide: Trends in USAID HIV/AIDS Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
USA*	3,159	11,034	20,809	23,314
Multiple - Interregional	13,123	19,426	29,020	42,509
Total Worldwide	**$16,282**	**$30,460**	**$49,829**	**$65,823**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

HIV/AIDS Totals	$170,714	$237,864	$407,140	$544,092

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Infectious Diseases Overview

Overview of Infectious Diseases Expenditures

In 1998, USAID launched the Infectious Disease Initiative with the aim of reducing the threat of infectious diseases (ID) of major public health importance. The Initiative develops strategies and interventions in four program areas – tuberculosis (TB), malaria, antimicrobial resistance (AMR), and ID surveillance and response. It emphasizes capacity building and systems strengthening to ensure long-term program effectiveness and sustainability.

In FY 2004 USAID's ID spending was nearly $131 million, a $20 million increase from FY 2003. ANE was the only region where expenditures decreased in FY 2004, while Africa's share of ID spending increased from 27% in FY 2003 to 30% in FY 2004. ANE had 19% of expenditures, followed by E&E with 13% and LAC with 12%. "Worldwide" expenditures (which primarily support research, technical leadership, strategic planning, and new initiatives such as the Global Tuberculosis Drug Facility, Stop TB, and Roll Back Malaria) accounted for 26% of the total.

The top 20 countries had expenditures of more than $57 million, about 44% of the total. Senegal topped the list with expenditures of $5.5 million, followed by Uganda with $4.6 million and the Philippines with $4.4 million. Of the top 20 countries, seven were in Africa, six in ANE, four in LAC, and three in E&E. This breakdown remained unchanged from FY 2003.

Mission-managed agreements represented the greatest proportion of ID expenditures (36%), followed by centrally managed agreements (in-country) (35%) and global leadership, research, and innovation (29%). Of the in-country activities (both centrally managed and Mission-managed agreements), long-term technical assistance via centrally managed agreements (27%), field office operations (21%), and short-term technical assistance via centrally managed agreements (6%) amounted to more than half the expenditures.

By focus area, malaria and TB had the greatest proportion of expenditures (each at 37%), followed by surveillance and response, which had 14%. AMR and "Other ID" activities each represented 6% of spending. The top five functional activities each amounted to more than 10% of total expenditures. They were research (17%); institutional capacity building and management (16%); training (15%); data collection, monitoring, evaluation, and health information systems (12%); and policy development (11%).

Expenditures by private institutions represented 60% of ID programming in FY 2004, with nonprofit organizations representing 45% of expenditures (up from 35% in FY 2003) and for-profits representing 15% (up from 14% in FY 2003). International organizations and government agencies represented 19% and 14% respectively.

Between FY 2001 and FY 2004, total ID expenditures increased by 162%, from $50 million to $131 million. In FY 2001, E&E had the largest share of expenditures; for the following three years, Africa had the largest share. Most regions have shown a steady increase in ID expenditures during the past four years. By focus area, the majority of ID spending between FY 2001 and FY 2004 was for malaria and TB programs. Malaria expenditures have shown a strong increase over the past four years. Expenditures for TB as a portion of total ID spending also rose steadily since FY 2002.

Egypt was the leading country for ID spending from FY 2001 to FY 2003. In FY 2004, however, Senegal replaced Egypt, with Uganda, the Philippines, Russia, and India following close behind. It is expected that ID expenditures in Egypt will continue to fall because, by design, funding to Egypt from the Economic Support Fund will decrease in all sectors from FY 2001 through FY 2009 until funding levels reach half of the FY 2000 level. In addition, due to Egypt's priorities among sectors, health sector funding is falling faster than the Mission-wide average.

USAID's Infectious Disease Initiative has made a huge difference in saving lives and preventing ID-related death and illness. Its programs are helping people get access to effective treatment for the leading infectious diseases, primarily TB and malaria. As the data show, the Initiative emphasizes working with international partners to implement key global interventions that are effective, affordable, and sustainable at the country level.

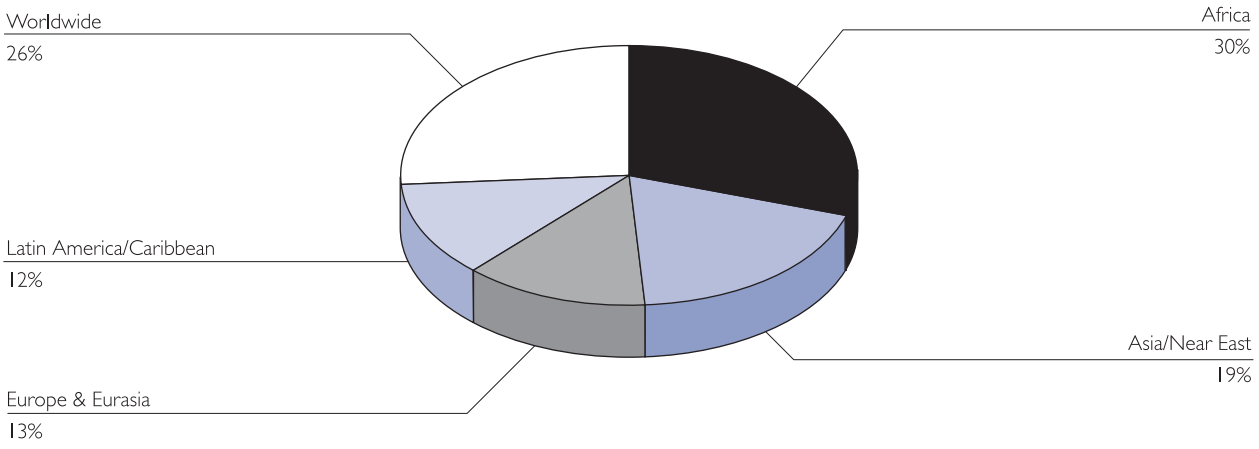
Table 1

USAID Infectious Diseases Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Africa	11,922	20,245	7,152	39,319
Asia/Near East	12,073	11,847	896	24,816
Europe & Eurasia	12,557	2,550	1,463	16,570
Latin America/Caribbean	9,935	5,028	897	15,860
Worldwide	-	-	34,198	34,198
Total	**$46,487**	**$39,670**	**$44,606**	**$130,763**

Figure 1

USAID Infectious Diseases Expenditures by Region FY 2004

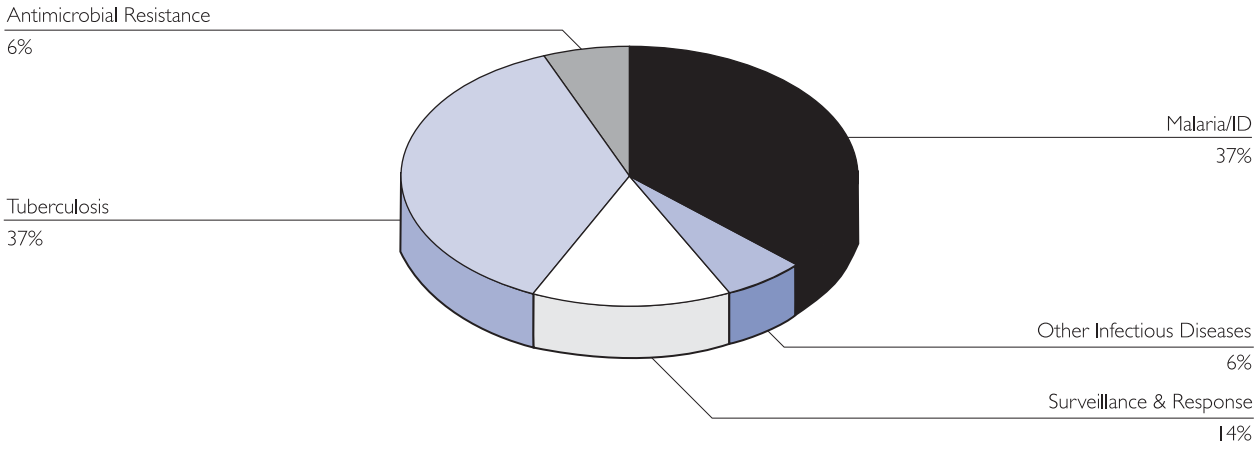


Total: $130.8 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 2

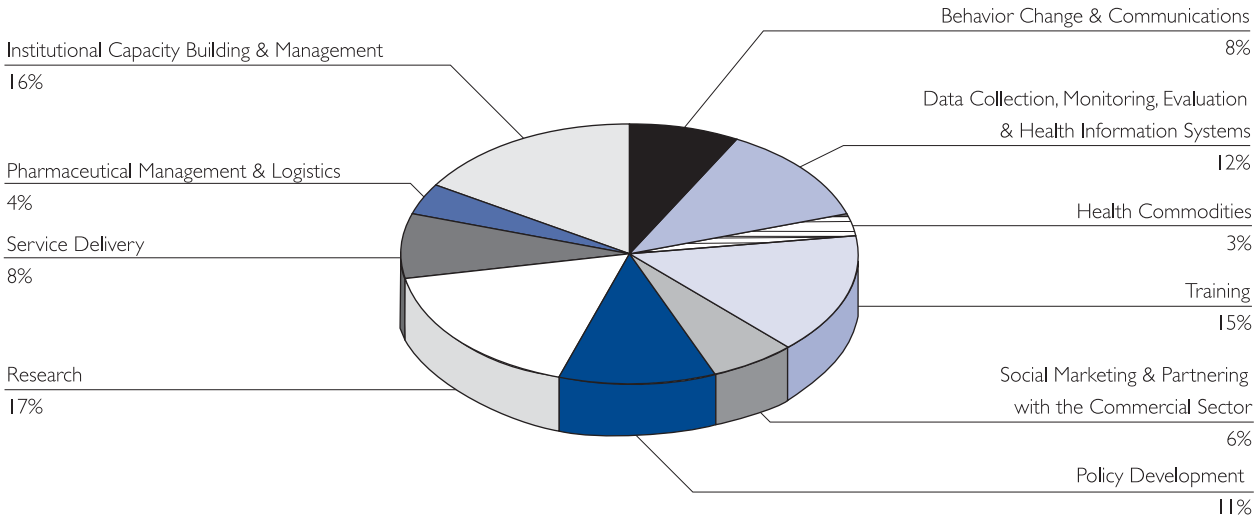
USAID Infectious Diseases Expenditures by Focus Area FY 2004



Total: $130.8 million

Figure 3

USAID Infectious Diseases Expenditures by Functional Activity FY 2004



Total: $130.8 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

USAID Infectious Diseases Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
Senegal	$5,525
Uganda	4,558
Philippines	4,405
Russia	3,915
India	3,783
Nigeria	3,718
Cambodia	3,177
Zambia	2,919
Nepal	2,878
Brazil	2,723
Indonesia	2,178
Kazakhstan	2,062
Congo, Dem. Republic of	2,061
Tanzania	2,025
El Salvador	2,019
Egypt	1,998
Ghana	1,936
Bolivia	1,922
Uzbekistan	1,847
Haiti	1,738
Total	**$57,387**

Table 3

USAID Infectious Diseases Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total ID Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	11,922	26,106	1,291	39,319
Asia/Near East	12,073	11,122	1,621	24,816
Europe & Eurasia	12,557	3,657	356	16,570
Latin America/Caribbean	9,935	5,480	445	15,860
Worldwide	-	-	34,198	34,198
Total	**$46,487**	**$46,365**	**$37,911**	**$130,763**

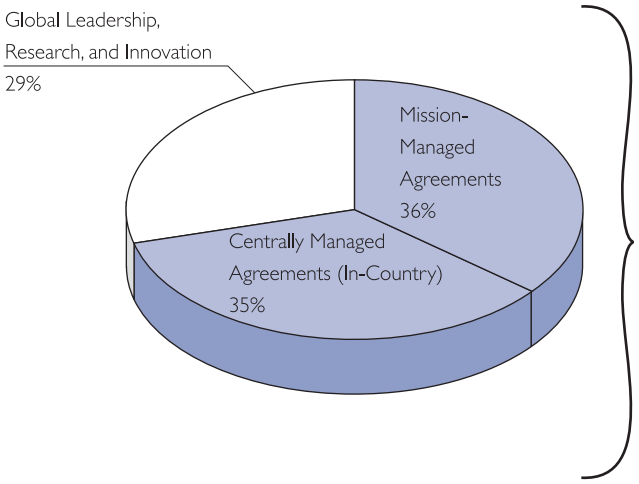
*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements

**The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 4

USAID Expenditures on In-Country Activities for Infectious Diseases FY 2004



Total: $130.8 million

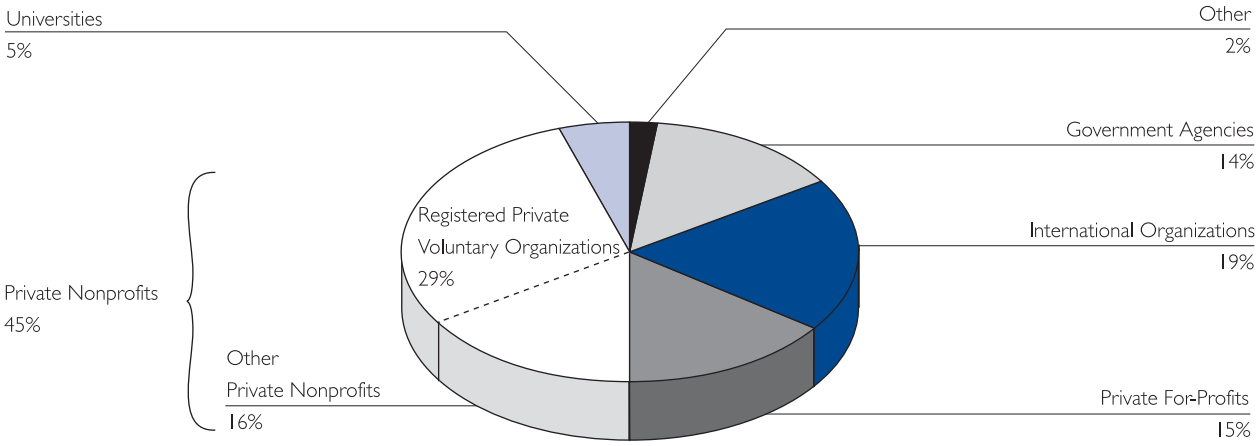
In-Country Activities (shaded areas)	
– Local Government Agencies	5%
– Local Private Nonprofits	4%
– Local Private For-Profits	1%
– Other In-Country Organizations*	3%
– Field Office Operations	21%
– Long-Term TA via Centrally Managed Agreements	27%
– Short-Term TA via Mission-Managed Agreements	2%
– Short-Term TA via Centrally Managed Agreements	6%
– International Organizations	2%
Total	71%

*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

USAID Infectious Diseases Expenditures by Type of Implementing Partner FY 2004



Total: $130.8 million

Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.
These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: USAID Infectious Diseases Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Angola	494	-	-	494
Benin	412	10	-	422
Burundi	279	-	-	279
Cameroon	-	-	465	465
Congo, Dem. Republic of	1,928	121	12	2,061
Congo, Republic of	-	631	-	631
Eritrea	45	723	36	804
Ethiopia	527	346	104	977
Ghana	13	1,720	203	1,936
Guinea	109	5	-	114
Kenya	319	1,350	49	1,718
Liberia	267	-	-	267
Madagascar	17	355	150	522
Malawi	12	695	-	707
Mali	-	545	560	1,105
Mozambique	69	538	2	609
Nigeria	111	3,452	155	3,718
Rwanda	44	498	37	579
Senegal	3,303	1,644	578	5,525
South Africa	301	618	8	927
Sudan	119	1	-	120
Tanzania	23	1,438	564	2,025
Togo	-	250	-	250
Uganda	1,493	2,628	437	4,558
Zambia	1,781	897	241	2,919
REDSO/ESA	192	404	-	596
WARP	64	299	-	363
Multiple – Africa	-	1,077	3,551	4,628
Total Africa	**$11,922**	**$20,245**	**$7,152**	**$39,319**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 5

Asia/Near East: USAID Infectious Diseases Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Afghanistan	-	514	-	514
Bangladesh	304	51	194	549
Cambodia	1,878	1,015	284	3,177
Egypt	1,793	204	1	1,998
India	-	3,764	19	3,783
Indonesia	600	1,340	238	2,178
Iraq*	772	-	-	772
Jordan	922	262	-	1,184
Laos	-	45	18	63
Morocco	-	3	4	7
Nepal	1,038	1,801	39	2,878
Pakistan	-	65	17	82
Philippines	4,305	52	48	4,405
Vietnam	-	75	-	75
West Bank/Gaza	-	66	-	66
RDM/A	252	45	-	297
Multiple - ANE	209	2,545	34	2,788
Total ANE	**$12,073**	**$11,847**	**$896**	**$24,816**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Table 6

Europe & Eurasia: USAID Infectious Diseases Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Albania	-	10	-	10
Armenia	1,181	-	-	1,181
Azerbaijan	97	-	-	97
Georgia	828	-	-	828
Kazakhstan	1,508	86	468	2,062
Kyrgyzstan	988	13	-	1,001
Moldova	651	123	-	774
Romania	-	140	-	140
Russia	3,157	482	276	3,915
Tajikistan	1,526	4	-	1,530
Turkmenistan	554	31	-	585
Ukraine	37	763	-	800
Uzbekistan	1,788	59	-	1,847
Central Asian Republics	242	230	716	1,188
Multiple – E&E	-	609	3	612
Total E&E	**$12,557**	**$2,550**	**$1,463**	**$16,570**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 7

Latin America/Caribbean: USAID Infectious Diseases Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Bolivia	1,859	46	17	1,922
Brazil	1,427	1,070	226	2,723
Dominican Republic	853	168	7	1,028
Ecuador	-	59	-	59
El Salvador	1,404	615	-	2,019
Guatemala	-	52	17	69
Guyana	-	25	1	26
Haiti	1,421	229	88	1,738
Honduras	777	-	469	1,246
Jamaica	-	4	-	4
Mexico	1,096	-	-	1,096
Nicaragua	-	710	2	712
Paraguay	-	2	-	2
Peru	1,098	176	(2)*	1,272
Caribbean Regional	-	-	51	51
G/CAP	-	31	-	31
Multiple – LAC	-	1,841	21	1,862
Total LAC	**$9,935**	**$5,028**	**$897**	**$15,860**

*Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

Table 8

Worldwide: USAID Infectious Diseases Expenditures by Country FY 2004 ($1,000s)

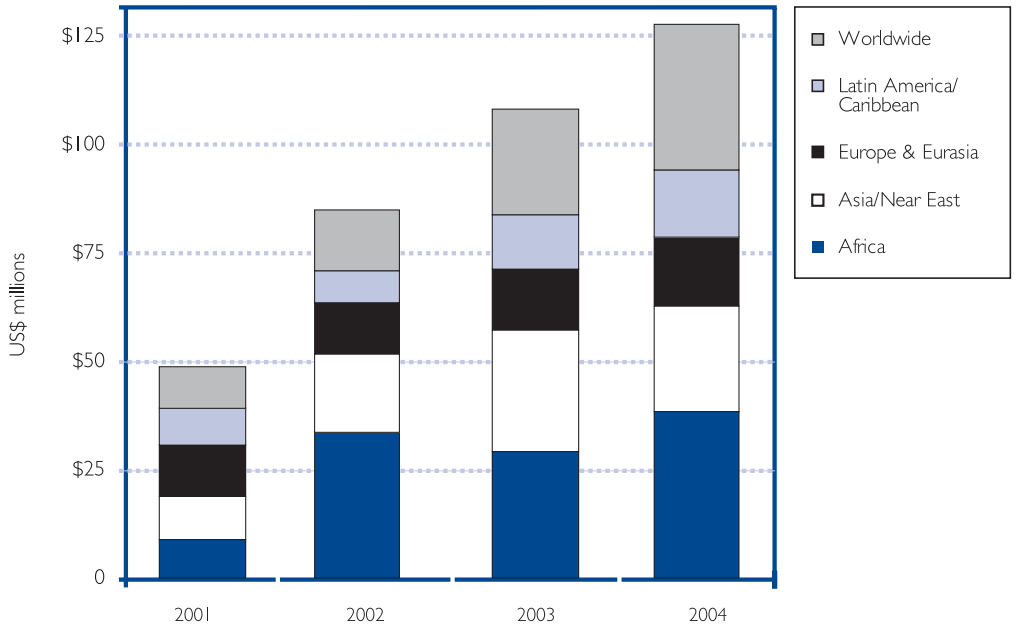
Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
USA*	-	-	2,948	2,948
Multiple - Interregional	-	-	31,250	31,250
Total Worldwide	-	-	**$34,198**	**$34,198**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 6

Trends in Infectious Diseases Expenditures by Region FY 2001–2004



These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: Trends in USAID Infectious Diseases Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Angola	64	18	-	494
Benin	492	552	449	422
Botswana	38	1	-	-
Burkina Faso	22	67	50	-
Burundi	37	47	44	279
Cameroon	56	28	289	465
Congo, Dem. Republic of	104	1,323	1,579	2,061
Congo, Republic of	424	1,658	-	631
Cote d'Ivoire	56	85	-	-
Eritrea	264	1,046	783	804
Ethiopia	147	272	375	977
Ghana	425	2,758	608	1,936
Guinea	77	22	-	114
Kenya	684	811	1,595	1,718
Liberia	3	5	-	267
Madagascar	140	223	25	522
Malawi	481	746	1,032	707
Mali	134	59	536	1,105
Mozambique	241	1,224	1,541	609
Namibia	40	6	-	-
Nigeria	244	1,886	1,886	3,718
Rwanda	154	412	891	579
Senegal	94	2,176	3,014	5,525
Sierra Leone	3	76	303	-
South Africa	323	1,276	1,351	927
Sudan	-	-	-	120
Swaziland	11	9	-	-
Tanzania	133	417	553	2,025
Togo	12	16	-	250
Uganda	538	1,993	4,855	4,558
Zambia	1,925	3,274	3,132	2,919
Zimbabwe	155	71	-	-
REDSO/ESA	301	317	557	596
WARP	60	58	79	363
Multiple - Africa	1,244	11,652	4,518	4,628
Total Africa	**$9,126**	**$34,584**	**$30,045**	**$39,319**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 10

Asia/Near East: Trends in USAID Infectious Diseases Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Afghanistan	-	17	480	514
Bangladesh	207	778	624	549
Cambodia	449	257	1,606	3,177
Egypt	4,451	10,901	8,545	1,998
India	1,765	1,493	5,483	3,783
Indonesia	157	66	2,438	2,178
Iraq*	-	-	756	772
Jordan	527	740	4	1,184
Laos	-	-	57	63
Morocco	189	-	3	7
Nepal	672	1,213	1,662	2,878
Pakistan	2	53	-	82
Philippines	992	921	3,311	4,405
Vietnam	1	65	57	75
West Bank/Gaza	57	43	33	66
RDM/A	22	150	788	297
Multiple – ANE	513	1,639	2,743	2,788
Total ANE	**$10,004**	**$18,336**	**$28,590**	**$24,816**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 11

Europe & Eurasia: Trends in USAID Infectious Diseases Expenditures by Country
FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Albania	33	-	31	10
Armenia	58	1,906	1,728	1,181
Azerbaijan	1	287	199	97
Czech Republic	14	-	-	-
Georgia	1,667	1,022	700	828
Hungary	14	-	-	-
Kazakhstan	2,052	786	1,355	2,062
Kyrgyzstan	340	320	1,086	1,001
Moldova	180	50	142	774
Poland	14	-	-	-
Romania	94	6	221	140
Russia	2,761	3,878	4,269	3,915
Serbia & Montenegro	-	16	-	-
Tajikistan	204	469	701	1,530
Turkey	6	-	-	-
Turkmenistan	532	289	300	585
Ukraine	985	270	911	800
Uzbekistan	1,837	431	1,866	1,847
Central Asian Republics	1,402	314	346	1,188
Multiple – E&E	41	2,061	503	612
Total E&E	**$12,235**	**$12,105**	**$14,358**	**$16,570**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

Table 12

Latin American/Caribbean: Trends in USAID Infectious Diseases Expenditures by Country
FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Bolivia	2,944	2,485	2,175	1,922
Brazil	75	282	598	2,723
Dominican Republic	89	112	492	1,028
Ecuador	17	-	20	59
El Salvador	70	301	885	2,019
Guatemala	606	13	1,435	69
Guyana	4	-	12	26
Haiti	789	574	1,960	1,738
Honduras	783	511	335	1,246
Jamaica	67	-	4	4
Mexico	95	707	1,685	1,096
Nicaragua	2,059	39	432	712
Paraguay	5	-	-	2
Peru	837	1,573	2,283	1,272
Caribbean Regional	1	-	-	51
G/CAP	-	334	150	31
Multiple – LAC	447	702	486	1,862
Total LAC	**$8,888**	**$7,633**	**$12,952**	**$15,860**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 13

Worldwide: Trends in USAID Infectious Diseases Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
USA*	1,804	2,735	4,154	2,948
Multiple - Interregional	7,863	11,743	20,548	31,250
Total Worldwide	**$9,667**	**$14,478**	**$24,702**	**$34,198**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

Infectious Diseases Totals	$49,920	$87,136	$110,647	$130,763

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Child Survival/Maternal Health Overview

Overview of Child Survival/Maternal Health Expenditures

USAID and its partners are committed to improving the health and well-being of children and families in developing countries. For 40 years, USAID has made progress in reducing illness, malnutrition, and preventable deaths among mothers and young children. Mortality rates among children under age 5 in USAID-assisted countries have dropped significantly, especially in the last 20 years.

In FY 2004, child survival/maternal health (CS/MH) expenditures were more than $387 million, virtually unchanged from FY 2003. Between FY 2003 and FY 2004, the ANE region experienced the largest increase in expenditures, which rose by 16% from $113 million to $131 million. ANE also increased its total share of CS/MH spending from 29% in FY 2003 to 34% in FY 2004. This relatively large regional increase is attributed to increased expenditures in Afghanistan and Iraq. Africa had the next largest share of expenditures (26%), followed by "Worldwide" (25%), LAC (11%), and E&E (4%). The Africa, E&E, and LAC regions had decreased expenditures from FY 2003, with LAC having the greatest decline of 22%. Worldwide expenditures (which primarily support research, technical leadership, strategic planning, and new initiatives) included centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

The top 20 countries had expenditures totaling $197 million, more than half of all CS/MH spending. Seven of them were in the Africa region, nine in ANE, and four in LAC. The most significant country increases were Afghanistan (from $1.5 to $14.4 million) and Iraq (from $5.4 to $23.8 million – it should be noted that these Iraq expenditures represent Child Survival and Health Account funds only and do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund). Egypt, India, Ethiopia, Afghanistan, Bangladesh, and Indonesia all had expenditures of more than $10 million.

Just under half (49%) of FY 2004 CS/MH spending occurred via Mission-managed agreements, and 25% of total expenditures were through centrally managed activities (in-country). In FY 2003 Mission-managed agreements accounted for 53% of spending while centrally managed agreements (in-country) accounted for 21%. Global leadership, research, and innovation accounted for 11% of FY 2004 expenditures. In-country activities (centrally managed agreements, Mission-managed agreements, and GAVI) accounted for 89% of the total and included 23% for field office operations, 15% for long-term technical assistance via centrally managed agreements, 15% for GAVI, and 8% for short-term technical assistance via centrally managed agreements.

Child survival focus areas accounted for 78% of FY 2004 CS/MH expenditures. They included immunization (21%); core programming for the prevention and management of childhood illnesses (14%); maternal child health (13%); and policy analysis, reform, and systems strengthening (9%).

Maternal health focus areas represented 22% of all CS/MH spending, up from 20% in FY 2003. Nearly half of the maternal health expenditures (and 10% of the total CS/MH spending) were on policy analysis, reform, and systems strengthening, while safe pregnancy made up 8% of the total CS/MH expenditures.

At 18% of FY 2004 CS/MH expenditures, institutional capacity building and management was the leading type of functional activity expenditure. Service delivery (17%); health commodities (14%); training (12%); and data collection, monitoring, evaluation, and health information systems (11%) were the other leading functional activity expenditures.

Private organizations were the major implementing partners for CS/MH programs, representing 56% of expenditures (35% nonprofit and 21% for-profit). International organizations also had significant expenditures of 27%, up from 23% during the previous fiscal year.

Between FY 2001 and FY 2004, CS/MH expenditures increased 39% from $278 million to $387 million. ANE had the largest increase, nearly doubling from $66 million to $131 million. Africa increased slightly since FY 2001 from $98 million to $101 million. E&E and LAC both decreased in the past four years, down 21% and 32% respectively. Egypt, Bangladesh, and India have consistently remained in the top 10 countries since FY 2001.

Table 1

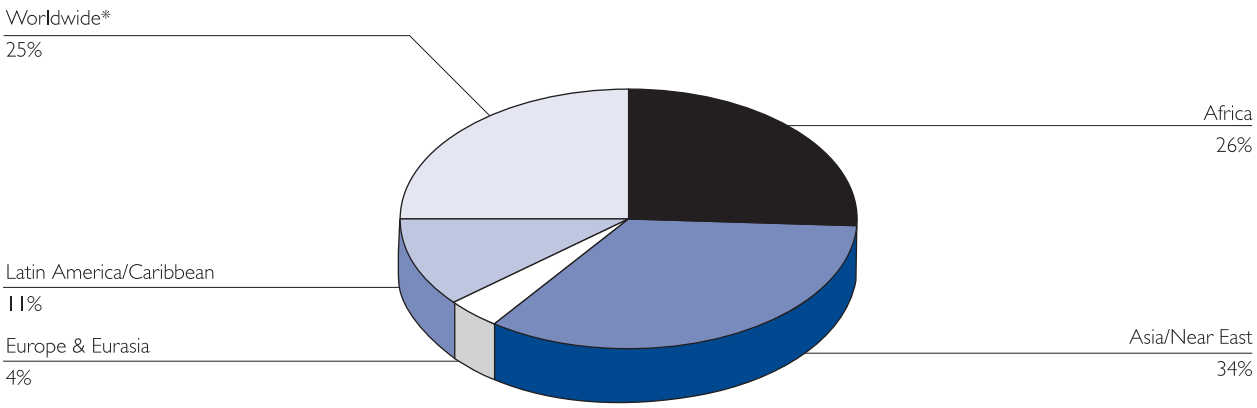
USAID Child Survival/Maternal Health Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Africa	50,984	42,144	7,657	100,785
Asia/Near East	98,459	27,097	5,782	131,338
Europe & Eurasia	13,918	3,129	226	17,273
Latin America/Caribbean	25,640	14,211	1,837	41,688
Worldwide*	-	-	96,325	96,325
Total	**$189,001**	**$86,581**	**$111,827**	**$387,409**

*Worldwide expenditures include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

Figure 1

USAID Child Survival/Maternal Health Expenditures by Region FY 2004



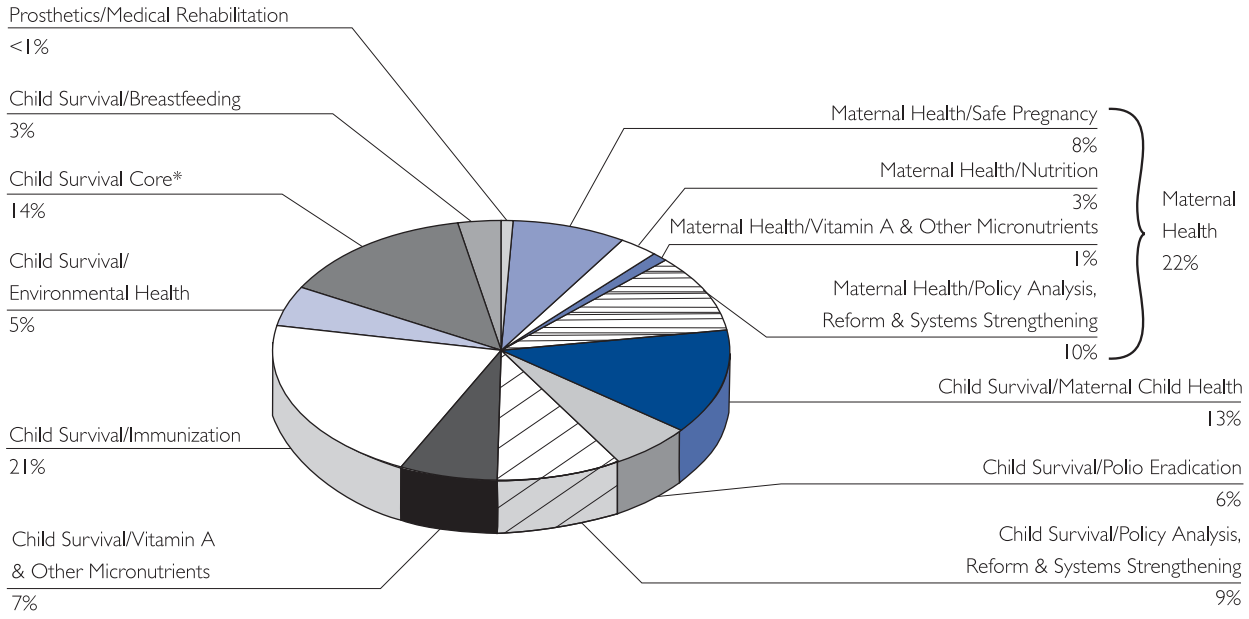
Total: $387.4 million

*Worldwide expenditures include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 2

USAID Child Survival/Maternal Health Expenditures by Focus Area FY 2004

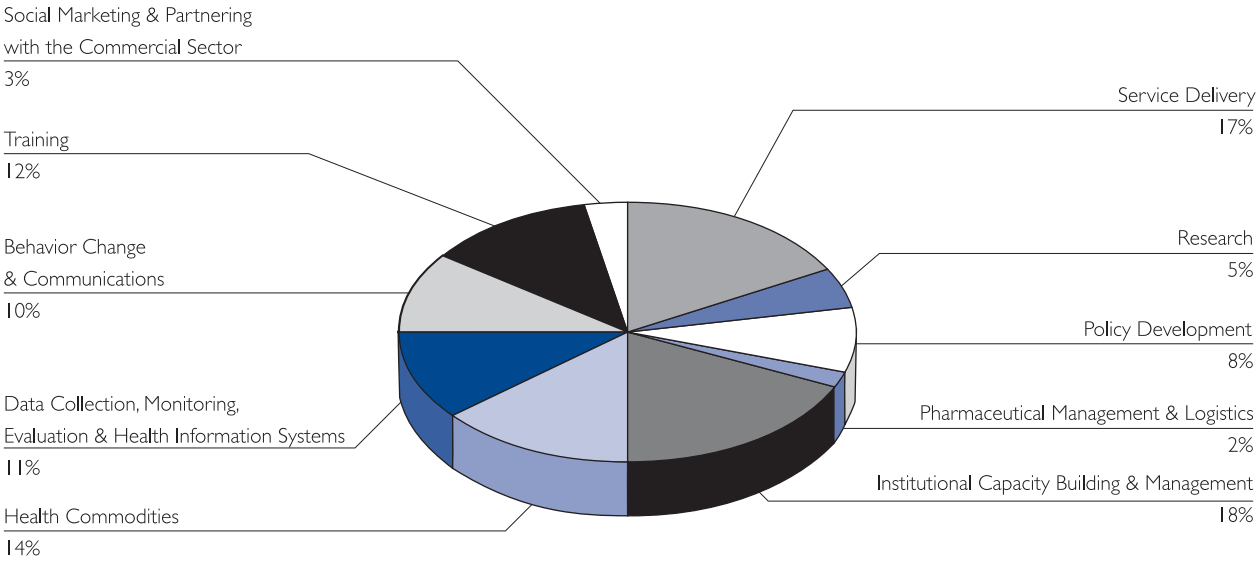


Total: $387.4 million

*Child Survival Core includes activities designed to: 1) prevent, control, or treat acute respiratory infections; 2) prevent, control, or treat diarrheal disease, including production and distribution of oral rehydration therapy or other commodities, hygiene and health education, and dietary management to reduce incidence or complications of diarrheal disease; and 3) improve the nutritional status of children in order to raise health status.

Figure 3

USAID Child Survival/Maternal Health Expenditures by Functional Activity FY 2004



Total: $387.4 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

USAID Child Survival/Maternal Health Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
Iraq*	$23,849
Egypt	19,913
India	17,448
Ethiopia	16,984
Afghanistan	14,358
Bangladesh	14,237
Indonesia	12,915
Haiti	8,014
Nigeria	7,716
Jordan	7,450
Congo, Dem. Republic of	7,030
Zambia	6,066
Peru	5,984
Nicaragua	5,912
El Salvador	5,446
Senegal	5,444
West Bank/Gaza	4,919
Cambodia	4,587
Mozambique	4,546
Malawi	4,326
Total	**$197,144**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Table 3

USAID Child Survival/Maternal Health Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total CS/MH Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	50,984	47,227	2,574	100,785
Asia/Near East	98,459	28,749	4,130	131,338
Europe & Eurasia	13,918	3,327	28	17,273
Latin America/Caribbean	25,640	15,839	209	41,688
Worldwide	-	-	96,325	96,325
Total	**$189,001**	**$95,142**	**$103,266**	**$387,409**

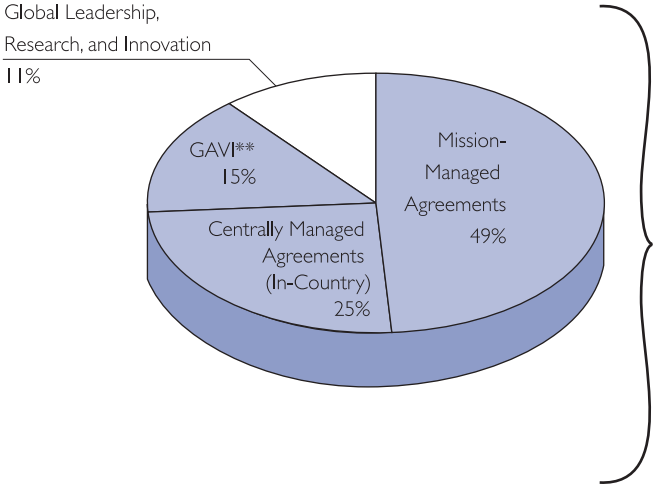
*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

**The Global Leadership, Research, and Innovation category includes all amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.). Total expenditures for this category include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 4

USAID Expenditures on In-Country Activities for Child Survival/Maternal Health FY 2004



Total: $387.4 million

In-Country Activities (shaded areas)	
– Local Government Agencies	5%
– Local Private Nonprofits	3%
– Local Private For-Profits	1%
– Other In-Country Organizations*	7%
– Field Office Operations	23%
– Long-Term TA via Centrally Managed Agreements	15%
– Short-Term TA via Mission-Managed Agreements	6%
– Short-Term TA via Centrally Managed Agreements	8%
– International Organizations	6%
– GAVI**	15%
Total	89%

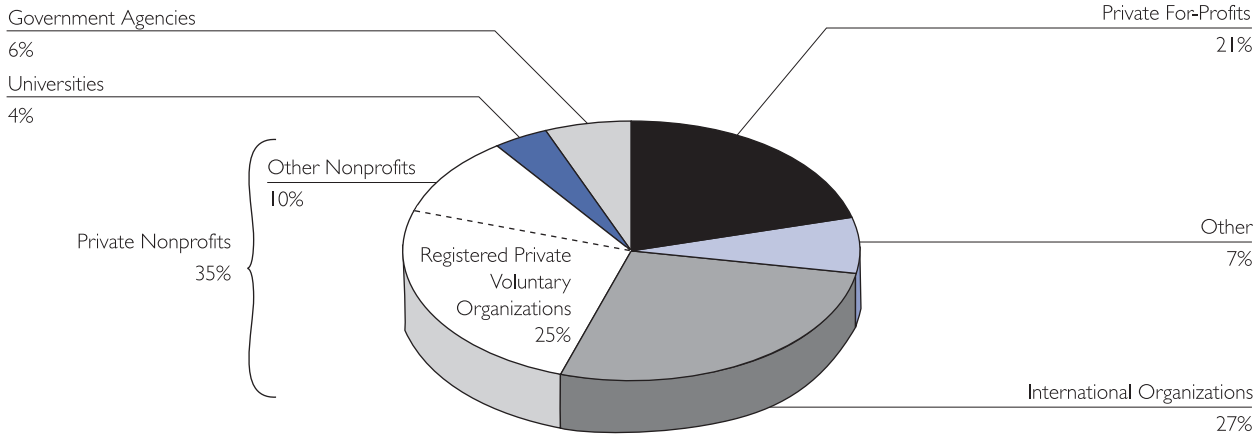
*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

**USAID contributes to the Global Alliance for Vaccines and Immunization (GAVI) through its financial arm, the Vaccine Fund. Because USAID funds are combined with other donor contributions, expenditures of USAID funding by country are not identifiable. Approximately one-third of GAVI resources are used for specific in-country activities and two-thirds to purchase vaccines and supplies for in-country use.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

USAID Child Survival/Maternal Health Expenditures by Type of Implementing Partner FY 2004



Total: $387.4 million

Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: USAID Child Survival/Maternal Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Angola	743	1,847	6	2,596
Benin	1,186	720	175	2,081
Burundi	396	-	586	982
Cameroon	-	-	10	10
Congo, Dem. Republic of	5,197	1,475	358	7,030
Congo, Republic of	-	1,808	-	1,808
Cote d'Ivoire	-	-	15	15
Eritrea	2,085	1,074	41	3,200
Ethiopia	15,300	1,181	503	16,984
Ghana	473	1,736	807	3,016
Guinea	1,460	767	59	2,286
Kenya	151	2,607	203	2,961
Liberia	1,309	-	-	1,309
Madagascar	687	1,268	376	2,331
Malawi	3,733	344	249	4,326
Mali	3,329	125	792	4,246
Mozambique	1,874	2,662	10	4,546
Nigeria	185	7,526	5	7,716
Rwanda	490	1,561	16	2,067
Senegal	3,007	2,171	266	5,444
Sierra Leone	-	45	-	45
South Africa	3,033	287	222	3,542
Sudan	428	201	-	629
Tanzania	859	2,171	407	3,437
Togo	-	152	-	152
Uganda	75	1,721	435	2,231
Zambia	2,850	2,624	592	6,066
Zimbabwe	-	-	38	38
REDSO/ESA	772	1,346	17	2,135
WARP	1,362	619	-	1,981
Multiple – Africa	-	4,106	1,469	5,575
Total Africa	**$50,984**	**$42,144**	**$7,657**	**$100,785**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 5

Asia/Near East: USAID Child Survival/Maternal Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Afghanistan	12,878	1,479	1	14,358
Bangladesh	10,827	1,658	1,752	14,237
Cambodia	3,624	801	162	4,587
Egypt	16,761	3,096	56	19,913
India	5,115	10,408	1,925	17,448
Indonesia	9,093	3,754	68	12,915
Iraq*	23,845	4	-	23,849
Jordan	5,916	1,518	16	7,450
Laos	-	67	155	222
Morocco	1,076	231	55	1,362
Nepal	2,431	765	216	3,412
Pakistan	26	251	1,075	1,352
Philippines	1,281	904	4	2,189
Vietnam	-	-	217	217
West Bank/Gaza	4,823	58	38	4,919
Multiple – ANE	763	2,103	42	2,908
Total ANE	**$98,459**	**$27,097**	**$5,782**	**$131,338**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Table 6

Europe & Eurasia: USAID Child Survival/Maternal Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Albania	560	549	102	1,211
Armenia	1,467	368	42	1,877
Azerbaijan	421	-	-	421
Georgia	1,586	411	46	2,043
Kazakhstan	1,851	-	-	1,851
Kyrgyzstan	2,285	-	-	2,285
Moldova	20	-	-	20
Romania	-	15	-	15
Russia	718	114	-	832
Tajikistan	921	-	-	921
Turkey	-	-	6	6
Turkmenistan	479	-	-	479
Ukraine	98	53	-	151
Uzbekistan	3,050	69	-	3,119
Central Asian Republics	462	-	-	462
Multiple – E&E	-	1,550	30	1,580
Total E&E	**$13,918**	**$3,129**	**$226**	**$17,273**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 7

Latin America/Caribbean: USAID Child Survival/Maternal Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Bolivia	2,989	374	176	3,539
Brazil	-	9	-	9
Dominican Republic	2,760	201	80	3,041
Ecuador	148	236	55	439
El Salvador	3,950	1,462	34	5,446
Guatemala	3,001	1,077	64	4,142
Guyana	-	19	-	19
Haiti	6,876	729	409	8,014
Honduras	2,681	1,068	12	3,761
Jamaica	-	22	40	62
Nicaragua	1,320	4,104	488	5,912
Paraguay	-	37	-	37
Peru	1,915	3,698	371	5,984
G/CAP	-	42	-	42
Multiple – LAC	-	1,133	108	1,241
Total LAC	**$25,640**	**$14,211**	**$1,837**	**$41,688**

Table 8

Worldwide: USAID Child Survival/Maternal Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Health Expenditures
USA*	-	-	6,164	6,164
Multiple - Interregional	-	-	90,161	90,161
Total Worldwide	-	-	**$96,325**	**$96,325**

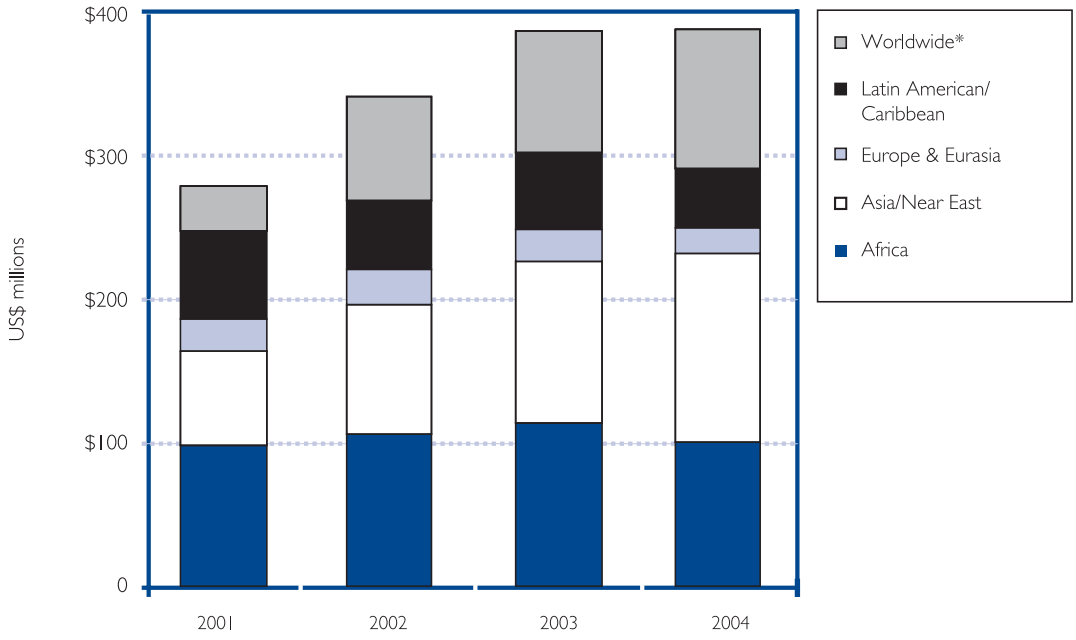
*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

Note: Worldwide expenditures include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 6

Trends in USAID Child Survival/Maternal Health Expenditures by Region FY 2001–2004



*Worldwide expenditures include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Africa: Trends in USAID Child Survival/Maternal Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Angola	4,650	3,563	2,066	2,596
Benin	1,881	3,056	2,184	2,081
Botswana	41	2	-	-
Burkina Faso	28	248	219	-
Burundi	211	241	297	982
Cameroon	156	45	-	10
Congo, Dem. Republic of	2,421	4,842	10,110	7,030
Congo, Republic of	9	316	-	1,808
Cote d'Ivoire	79	125	56	15
Eritrea	836	6,011	2,653	3,200
Ethiopia	9,647	9,019	7,341	16,984
Ghana	3,709	7,939	6,142	3,016
Guinea	5,448	(1,073)*	6,364	2,286
Kenya	2,892	1,467	3,071	2,961
Liberia	3,845	1,906	1,626	1,309
Madagascar	5,838	6,594	6,009	2,331
Malawi	5,450	4,478	2,412	4,326
Mali	4,507	8,365	6,942	4,246
Mozambique	4,701	6,172	6,449	4,546
Namibia	48	8	-	-
Nigeria	6,942	6,889	6,185	7,716
Rwanda	2,563	1,683	1,542	2,067
Senegal	4,493	5,137	5,572	5,444
Sierra Leone	35	40	246	45
South Africa	5,481	4,993	8,443	3,542
Sudan	-	8	686	629
Swaziland	15	11	-	-
Tanzania	547	1,983	2,902	3,437
Togo	32	20	-	152
Uganda	5,383	5,496	5,060	2,231
Zambia	4,716	4,361	5,810	6,066
Zimbabwe	391	109	283	38
REDSO/ESA	2,559	1,829	2,179	2,135
WARP	604	2,544	2,134	1,981
Multiple - Africa	8,204	7,517	8,142	5,575
Total Africa	**$98,362**	**$105,944**	**$113,125**	**$100,785**

*Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 10

Asia/Near East: Trends in USAID Child Survival/Maternal Health Expenditures by Country
FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Afghanistan	-	1	1,453	14,358
Bangladesh	16,743	9,915	16,167	14,237
Cambodia	3,014	3,606	3,422	4,587
Egypt	14,108	26,277	25,784	19,913
India	6,334	7,995	12,260	17,448
Indonesia	5,145	17,315	19,027	12,915
Iraq*	-	-	5,400	23,849
Jordan	5,262	9,441	9,417	7,450
Laos	-	-	52	222
Morocco	4,699	4,710	3,578	1,362
Nepal	5,130	3,748	2,186	3,412
Pakistan	106	147	1,151	1,352
Philippines	3,093	3,848	4,104	2,189
Sri Lanka	76	39	20	-
Vietnam	148	604	407	217
West Bank/Gaza	326	632	6,677	4,919
RDM/A	29	9	-	-
Multiple – ANE	1,706	2,007	2,362	2,908
Total ANE	**$65,919**	**$90,294**	**$113,467**	**$131,338**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Note: Variations from previously reported values may occur in historical data as new information is obtained.

Table 11

Europe & Eurasia: Trends in USAID Child Survival/Maternal Health Expenditures by Country
FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Albania	141	1,054	750	1,211
Armenia	4,627	2,296	3,006	1,877
Azerbaijan	1,959	653	486	421
Belarus	304	234	-	-
Georgia	1,068	1,611	842	2,043
Kazakhstan	1,511	3,974	4,223	1,851
Kosovo	-	583	-	-
Kyrgyzstan	1,806	2,105	1,804	2,285
Moldova	420	17	6	20
Romania	981	112	5	15
Russia	2,265	1,644	1,209	832
Serbia & Montenegro	636	635	-	-
Tajikistan	822	1,084	987	921
Turkey	118	3	-	6
Turkmenistan	735	1,013	446	479
Ukraine	2,363	1,486	1,597	151
Uzbekistan	1,599	5,110	5,577	3,119
Central Asian Republics	1	-	368	462
Multiple – E&E	541	1,111	433	1,580
Total E&E	**$21,897**	**$24,725**	**$21,739**	**$17,273**

Note: Variations from previously reported values may occur in historical data as new information is obtained.
These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 12

Latin America/Caribbean: Trends in USAID Child Survival/Maternal Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
Bolivia	5,966	3,078	1,954	3,539
Brazil	72	24	2	9
Dominican Republic	4,079	3,295	2,445	3,041
Ecuador	940	776	30	439
El Salvador	8,562	7,687	8,472	5,446
Guatemala	9,388	5,687	11,752	4,142
Guyana	2	-	45	19
Haiti	8,657	5,484	13,688	8,014
Honduras	4,688	3,017	2,705	3,761
Jamaica	319	16	69	62
Mexico	66	-	-	-
Nicaragua	9,702	8,023	4,994	5,912
Paraguay	93	111	31	37
Peru	6,581	8,627	5,969	5,984
Caribbean Regional	-	134	-	-
G/CAP	-	-	-	42
Multiple – LAC	2,528	1,194	1,470	1,241
Total LAC	**$61,643**	**$47,153**	**$53,626**	**$41,688**

Note: Variations from previously reported values may occur in historical data as new information is obtained.

Table 13

Worldwide: Trends in USAID Child Survival/Maternal Health Expenditures by Country FY 2001–2004 ($1,000s)

Country	FY 2001	FY 2002	FY 2003	FY 2004
USA*	3,631	4,555	6,353	6,164
Multiple - Interregional	27,021	67,992	78,493	90,161
Total Worldwide	**$30,652**	**$72,547**	**$84,846**	**$96,325**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

Note: Worldwide expenditures include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

CS/MH Totals	$278,473	$340,663	$386,803	$387,409

Note: Variations from previously reported values may occur in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Vulnerable Children Overview

Overview of Vulnerable Children Expenditures

Many children throughout the world are forced to face the harsh realities of famine, natural disasters, war, HIV/AIDS, parental death, physical disabilities, and economic and social crises, all of which can mentally and physically affect a child. To assist countries that do not have the capacity to respond to these conditions or crises, USAID supports programs to help families and communities meet the needs of vulnerable children. These programs are aimed at strengthening the capacity of families and communities to respond to the special needs (physical, social, educational, and emotional) of displaced children and orphans; mentally and/or physically disabled children, including blind and hearing-impaired children; and older children and adolescents in need of social integration and vocational/technical training.

USAID supports numerous activities to help families and communities meet the needs of vulnerable children. These activities fall into three program categories – displaced children and orphans, blind children, and other vulnerable children. Programs for these children, undertaken with governmental agencies and local and international non-governmental organizations, support and protect vulnerable children primarily through activities and strategies to strengthen family and community capacity to respond to the needs of these children. Because the FY 2003 edition of this report was the first to include expenditures on programs for vulnerable children, this edition makes comparisons only between FY 2003 and FY 2004.

In FY 2004, USAID expenditures on vulnerable children programs were nearly $36 million. This represented an increase of $2 million from FY 2003, or nearly 6%. Regionally, Africa had the largest share of expenditures at 36% (about $13 million), nearly the same as FY 2003. E&E was next at 26% ($9.3 million), followed by ANE at 24% ($8.8 million) and LAC at 9% ($3 million). ANE and Africa slightly decreased their share of expenditures from FY 2003 while E&E and LAC increased.

In FY 2004, spending on vulnerable children programs supported activities in 38 countries and various initiatives worldwide. The top 20 recipient countries represented 85% of the vulnerable children expenditures, with Romania, Angola, Vietnam, Democratic Republic of the Congo, and Iraq representing the top five. Of these five, only Romania and Vietnam were also among the top five countries in expenditures in FY 2003. Iraq expenditures represent Child Survival and Health Account funds only and do not include expenditures from the supplemental Iraq Relief and Reconstruction Fund.

Mission-managed agreements represented 81% of vulnerable children expenditures in FY 2004, up from 75% in FY 2003. Centrally managed agreements (in-country) represented 14%, down from 15% in FY 2003. Also in FY 2004, global leadership, research, and innovation declined from 10% in FY 2003 to 5% in FY 2004. The majority of expenditures (95%) were in-country activities (both centrally managed and Mission-managed agreements), which included field office operations (53%), other in-country organizations (14%), and long-term technical assistance via centrally managed agreements (11%). USAID's main implementing partners in FY 2004 were private nonprofits (80% of expenditures) and international organizations (10%). Private for-profits saw a significant decline in their share of expenditures from 9% in FY 2003 to 1% in FY 2004, while the international organization share of expenditures increased from 1% to 10%.

Expenditures by focus area also changed in FY 2004. In FY 2003, orphans and displaced children represented 46% of expenditures while in FY 2004 their share increased to 56%. Other vulnerable children (including physically and cognitively disabled children) represented 51% of expenditures in FY 2003 but declined to 40% in FY 2004. The last category, blind children, stood at 3% in FY 2003 and increased to 4% in FY 2004. All functional activity expenditures in FY 2004 were for service delivery.

USAID's increased expenditures on vulnerable children programs over the past year reflect the increasing despair facing many of the world's children. USAID will continue to focus on programs that assist vulnerable children throughout all of USAID's four regions, with the underlying principle that the family and community are the greatest sources of care and protection for children and should be the foundation of all interventions.

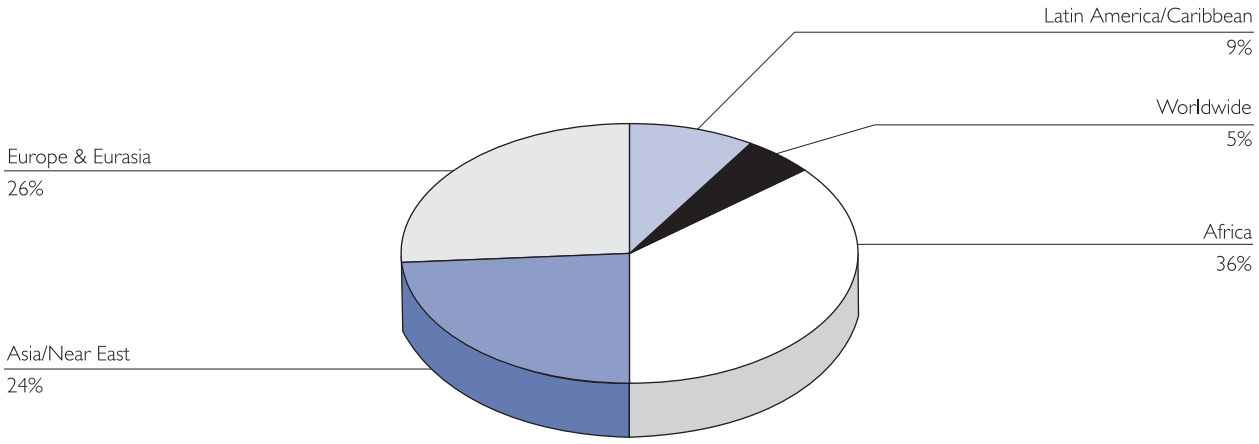
Table 1

USAID Vulnerable Children Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Africa	9,207	2,367	1,385	12,959
Asia/Near East	7,786	851	146	8,783
Europe & Eurasia	9,305	-	12	9,317
Latin America/Caribbean	2,835	-	200	3,035
Worldwide	-	-	1,849	1,849
Total	**$29,133**	**$3,218**	**$3,592**	**$35,943**

Figure 1

USAID Vulnerable Children Expenditures by Region FY 2004

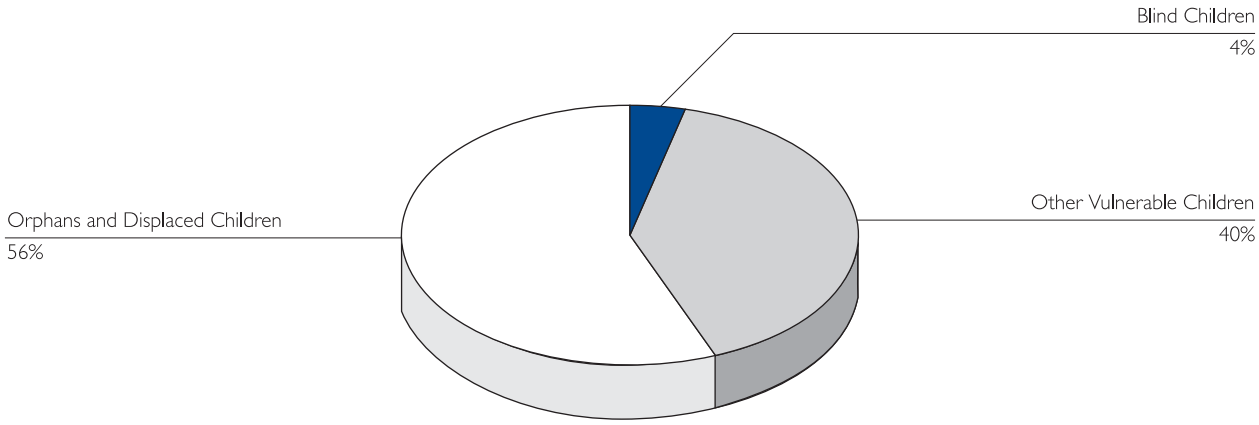


Total: $35.9 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 2

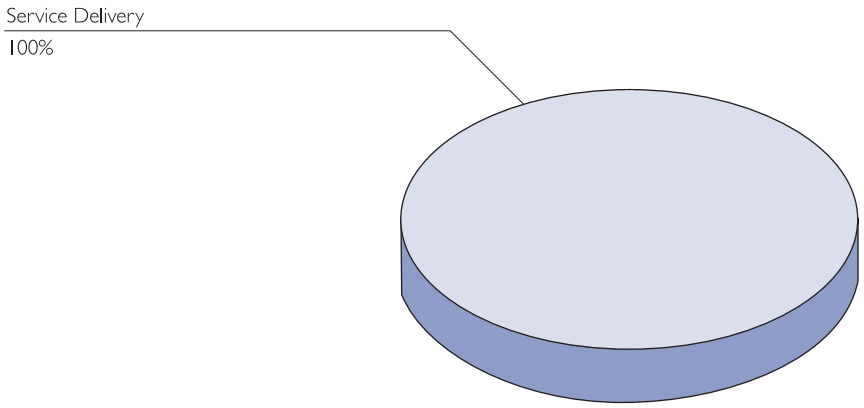
USAID Vulnerable Children Expenditures by Focus Area FY 2004



Total: $35.9 million

Figure 3

USAID Vulnerable Children Expenditures by Functional Activity FY 2004



Total: $35.9 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

USAID Vulnerable Children Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
Romania	$5,254
Angola	3,180
Vietnam	2,952
Congo, Dem. Republic of	2,926
Iraq*	2,708
Russia	2,643
Brazil	2,010
Armenia	1,401
Indonesia	1,308
Zambia	1,152
Zimbabwe	894
Afghanistan	714
Congo, Republic of	700
Haiti	663
Nepal	603
Namibia	484
Sierra Leone	443
Ethiopia	240
South Africa	228
Egypt	225
Total	**$30,728**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Table 3

USAID Vulnerable Children Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total VC Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	9,207	3,712	40	12,959
Asia/Near East	7,786	997	-	8,783
Europe & Eurasia	9,305	12	-	9,317
Latin America/Caribbean	2,835	200	-	3,035
Worldwide	-	-	1,849	1,849
Total	**$29,133**	**$4,921**	**$1,889**	**$35,943**

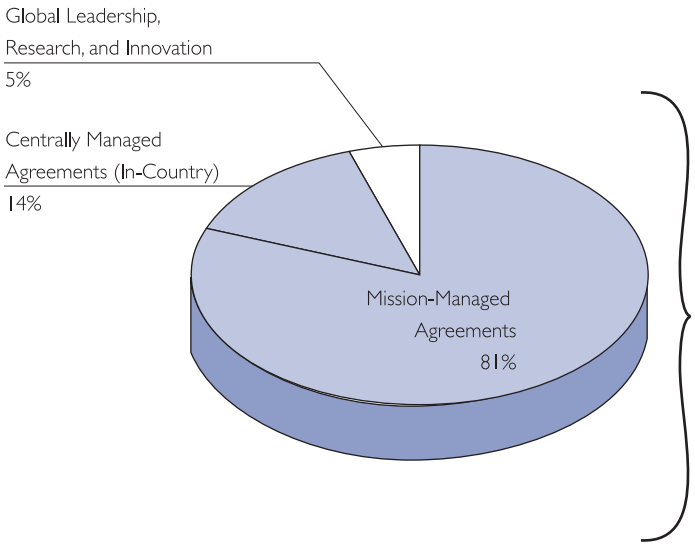
*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

**The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 4

USAID Expenditures on In-Country Activities for Vulnerable Children FY 2004



Total: $35.9 million

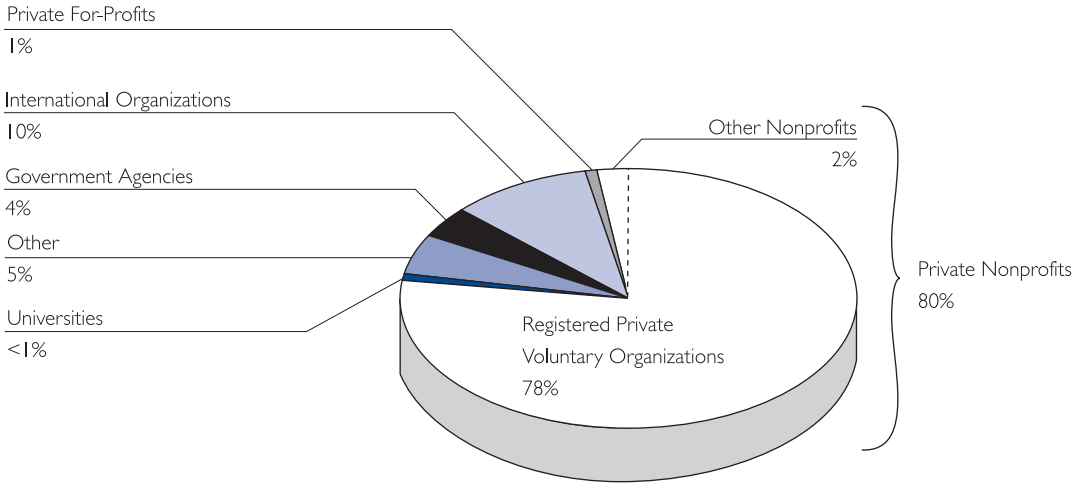
In-Country Activities (shaded areas)	
-- Local Government Agencies	1%
-- Local Private Nonprofits	1%
-- Local Private For-Profits	<1%
-- Other In-Country Organizations*	14%
-- Field Office Operations	53%
-- Long-Term TA via Centrally Managed Agreements	11%
-- Short-Term TA via Mission-Managed Agreements	6%
-- Short-Term TA via Centrally Managed Agreements	1%
-- International Organizations	8%
Total	95%

*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

USAID Vulnerable Children Expenditures by Type of Implementing Partner FY 2004



Total: $35.9 million

Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 4

Africa: USAID Vulnerable Children Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Angola	3,180	-	-	3,180
Congo, Dem. Republic of	2,926	-	-	2,926
Congo, Republic of	-	-	700	700
Ethiopia	240	-	-	240
Ghana	-	1	-	1
Guinea	-	2	-	2
Liberia	3	-	-	3
Malawi	-	5	-	5
Namibia	-	484	-	484
Nigeria	-	26	137	163
Rwanda	-	142	21	163
Sierra Leone	-	-	443	443
South Africa	104	40	84	228
Sudan	111	-	-	111
Tanzania	-	85	-	85
Uganda	206	-	-	206
Zambia	-	1,152	-	1,152
Zimbabwe	894	-	-	894
REDSO/ESA	1,543	-	-	1,543
Multiple – Africa	-	430	-	430
Total Africa	**$9,207**	**$2,367**	**$1,385**	**$12,959**

Table 5

Asia/Near East: USAID Vulnerable Children Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Afghanistan	-	714	-	714
Bangladesh	-	44	49	93
Cambodia	-	5	-	5
Egypt	225	-	-	225
India	-	-	2	2
Indonesia	1,308	-	-	1,308
Iraq*	2,708	-	-	2,708
Morocco	-	-	85	85
Nepal	593	-	10	603
Pakistan	-	65	-	65
Vietnam	2,952	-	-	2,952
Multiple – ANE	-	23	-	23
Total ANE	**$7,786**	**$851**	**$146**	**$8,783**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 6

Europe & Eurasia: USAID Vulnerable Children Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Armenia	1,401	-	-	1,401
Azerbaijan	4	-	-	4
Kosovo	15	-	-	15
Romania	5,242	-	12	5,254
Russia	2,643	-	-	2,643
Total E&E	**$9,305**	-	**$12**	**$9,317**

Table 7

Latin America/Caribbean: USAID Vulnerable Children Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Brazil	2,010	-	-	2,010
Haiti	663	-	-	663
Mexico	-	-	196	196
Peru	162	-	4	166
Total LAC	**$2,835**	-	**$200**	**$3,035**

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Worldwide: USAID Vulnerable Children Expenditures by Country FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
USA*	-	-	1,442	1,442
Multiple - Interregional	-	-	407	407
Total Worldwide	-	-	$1,849	$1,849

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Family Planning/Reproductive Health Overview

Overview of Family Planning and Reproductive Health Expenditures

For more than 40 years, USAID investments in family planning and reproductive health (FP/RH) programs have contributed to the health of individuals and families. USAID has made voluntary family planning services widely available in many developing countries, thereby contributing to substantial declines in unintended pregnancies and maternal mortality, to improved health, and to reduced fertility rates, all of which enhance a nation's potential for lasting social and economic development.

In FY 2004, USAID FP/RH expenditures exceeded $417 million, an increase of $27 million over the previous year's expenditures. The largest portion (39%) of these expenditures were Mission/bilateral expenditures, while central core spending represented 27%.

Regionally, ANE represented the largest portion of expenditures with 32% ($132 million), followed by Africa with 28% ($117 million), LAC with 16% ($66 million), and E&E with 5% ($23 million). "Worldwide" expenditures, which primarily support research, technical leadership, strategic planning, and new initiatives, amounted to 19% ($78 million) of the total. Expenditures increased in all regions from FY 2003 – E&E by 34%, LAC by 16%, ANE by 9%, and Africa by 4%.

USAID FP/RH expenditures in FY 2004 supported activities in 71 countries, five sub-regional programs, and worldwide initiatives. The top 20 recipient countries accounted for 54% of FP/RH expenditures. Egypt, the Philippines, Bangladesh, India, and Peru were the five countries with the highest FY 2004 expenditures.

Mission-managed agreements represented 39% of expenditures in FY 2004, while centrally managed agreements (in-country) represented 41% and global leadership, research, and innovation 20%. The majority of expenditures (80%) represented in-country activities (both centrally managed and Mission-managed agreements), which included field office operations (21% of total FP/RH spending), long-term technical assistance via centrally managed agreements (20%), and contraceptive and condom shipments (12%). USAID's main implementing partners in FY 2004 included private nonprofit organizations, which accounted for 44% of expenditures, private for-profit organizations (20%), and universities (14%).

By focus area, family planning services represented 57% of expenditures. Integrated reproductive health accounted for 18%, with policy, data analysis and evaluation representing 17%. Six functional activities had expenditures of 10% or more of the total in FY 2004 – service delivery (15% of expenditures); data collection, monitoring, evaluation, and health information systems (12%); institutional capacity building and management (12%); contraceptives and condoms (12%); training (11%); and research (10%).

Between FY 2000 and FY 2004, total FP/RH expenditures rose 17%. E&E expenditures more than doubled during this time period from $9 million to $23 million. After dropping between FY 2001 and FY 2002, expenditures in Africa rose slightly (4% per year) in the next two years. FP/RH expenditures in the ANE and LAC regions showed little change over the last five years.

Despite overall increases in expenditures in the E&E region over the past five years, spending was irregular for many countries. For example, FY 2004 expenditures in Georgia were more than 50% greater than FY 2000 levels. However, the large increases experienced early in the period were not sustained in the last two years. Similar expenditure trends occurred in Armenia, Azerbaijan, and Ukraine. Increases from very low levels of expenditures occurred in Albania, Kyrgyzstan, and Uzbekistan.

In Africa, expenditures grew slightly in the last two years after a drop between FY 2001 and FY 2002. Countries that experienced relatively steady and large (more than $1 million) expenditure increases between FY 2000 and FY 2004 include Angola, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Mozambique, Nigeria, Rwanda, South Africa, and Tanzania. FP/RH expenditures

decreased by more than one-third from FY 2000 levels and by more than $1 million in Uganda, Zimbabwe, and the West Africa Regional Program.

Overall FP/RH expenditures in ANE rose only 5% between FY 2000 and FY 2004. Expenditures in Indonesia and West Bank/Gaza have grown over the last five years, while expenditures in Afghanistan, Iraq, and Pakistan have grown in more recent years. Iraq expenditures represent Child Survival and Health Account funds only and do not include expenditures from the supplemental Iraq Relief and Reconstruction Fund. Expenditures for the Regional Development Mission/Asia program and multiple country activities have also grown substantially. Despite the consistent prominence of the Philippines, Bangladesh, and India in USAID's FP/RH programming, these countries' FY 2004 expenditures ($18.1 million, $17.0 million, and $16.5 million, respectively) were significantly lower than FY 2000 levels.

FY 2004 FP/RH expenditures in the LAC region were virtually equal to FY 2000 levels. Expenditure increases occurred in Bolivia, the Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, and Paraguay. Brazil, Ecuador, Haiti, and Nicaragua had decreasing FP/RH expenditures over the last five years.

Table 1

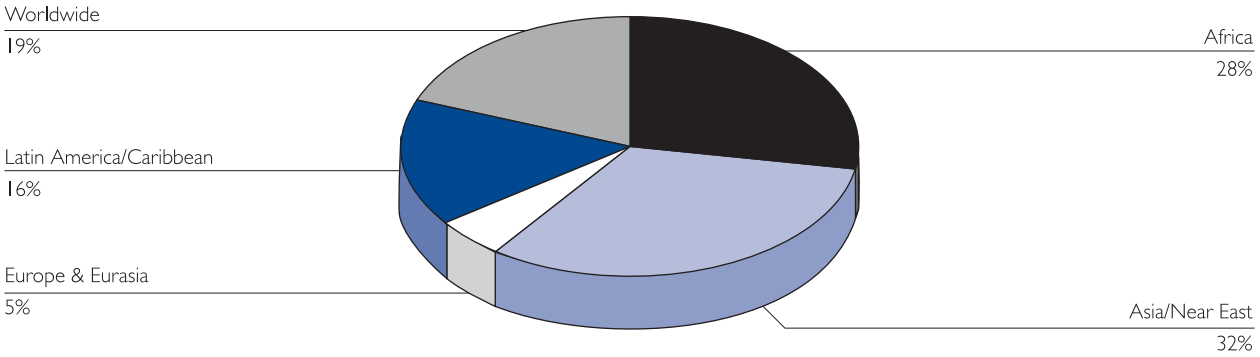
USAID Family Planning/Reproductive Health Expenditures by Region FY 2004 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Africa	38,988	39,623	14,865	23,475	116,951
Asia/Near East	68,807	34,545	9,934	18,926	132,212
Europe & Eurasia	18,020	3,780	951	683	23,434
Latin America/Caribbean	34,552	18,377	7,596	5,768	66,293
Worldwide	-	-	78,160	-	78,160
Total	**$160,367**	**$96,325**	**$111,506**	**$48,852**	**$417,050**

*Contraceptive and condom expenditures are based on the value of shipments. Commodities purchased and shipped using HIV/AIDS funds are not included here. Source: NEWVERN Information System, January 2005.

Figure 1

USAID Family Planning/Reproductive Health Expenditures by Region FY 2004

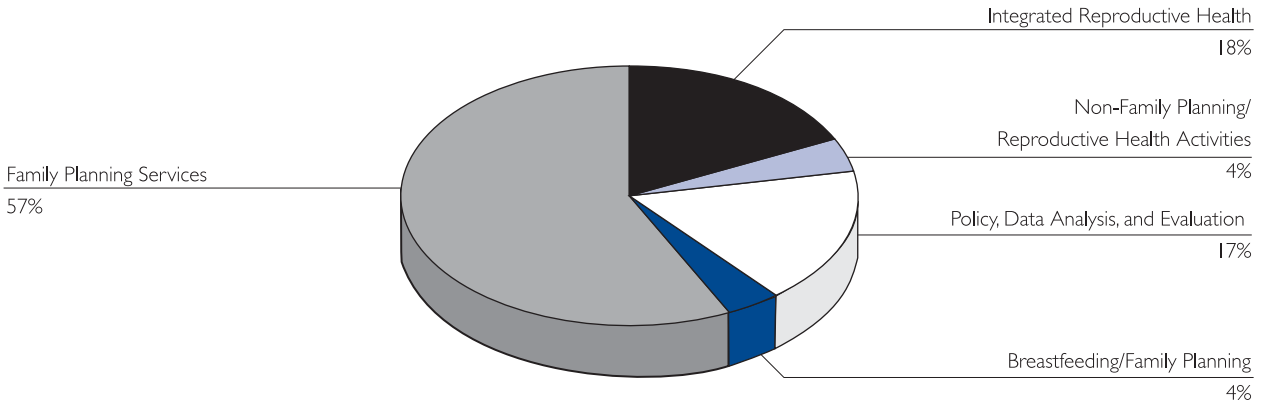


Total: $417.1 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 2

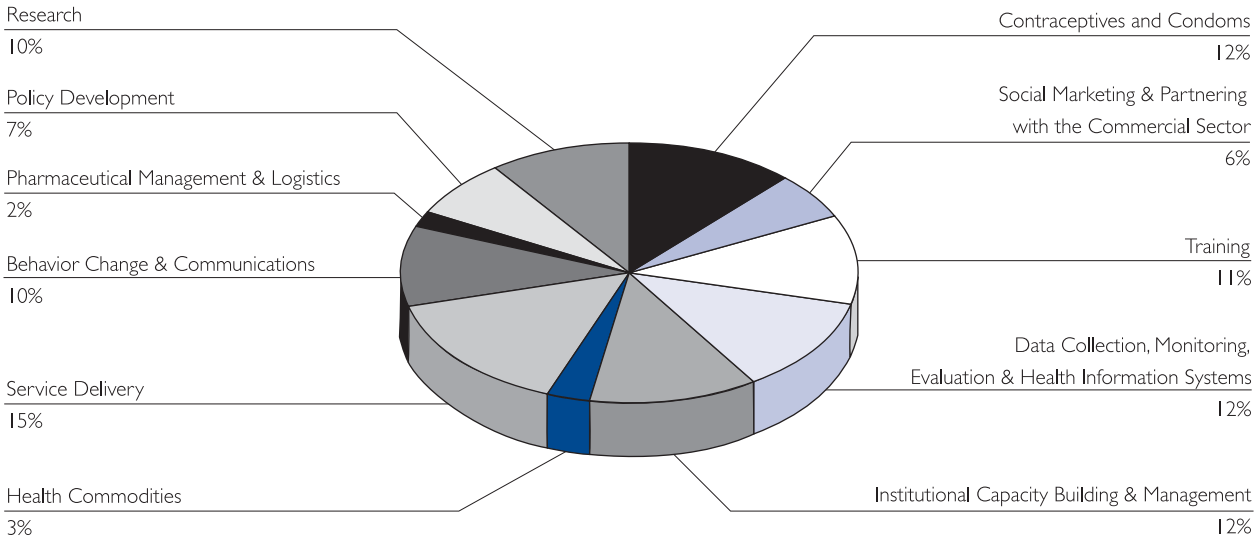
USAID Family Planning/Reproductive Health Expenditures by Focus Area FY 2004



Total: $417.1 million

Figure 3

USAID Family Planning/Reproductive Health Expenditures by Functional Activity FY 2004



Total: $417.1 million

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 2

USAID Family Planning/Reproductive Health Expenditures FY 2004: Top 20 Countries ($1,000s)

Country	Expenditures
Egypt	$18,272
Philippines	18,113
Bangladesh	17,008
India	16,494
Peru	15,343
Afghanistan	13,793
Nigeria	13,276
Mozambique	11,916
Bolivia	11,163
Indonesia	11,112
Kenya	10,938
Jordan	10,299
Tanzania	10,213
Guatemala	8,688
Ethiopia	8,485
Pakistan	7,486
Ghana	6,386
Honduras	6,228
Uganda	6,053
Senegal	5,535
Total	**$226,801**

Table 3

USAID Family Planning/Reproductive Health Expenditures by Region and Type of Assistance FY 2004 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total FP/RH Expenditures
		In-Country	Global Leadership, Research, and Innovation**	
Africa	38,988	74,658	3,305	116,951
Asia/Near East	68,807	61,966	1,439	132,212
Europe & Eurasia	18,020	5,352	62	23,434
Latin America/Caribbean	34,552	30,855	886	66,293
Worldwide	-	-	78,160	78,160
Total	**$160,367**	**$172,831**	**$83,852**	**$417,050**

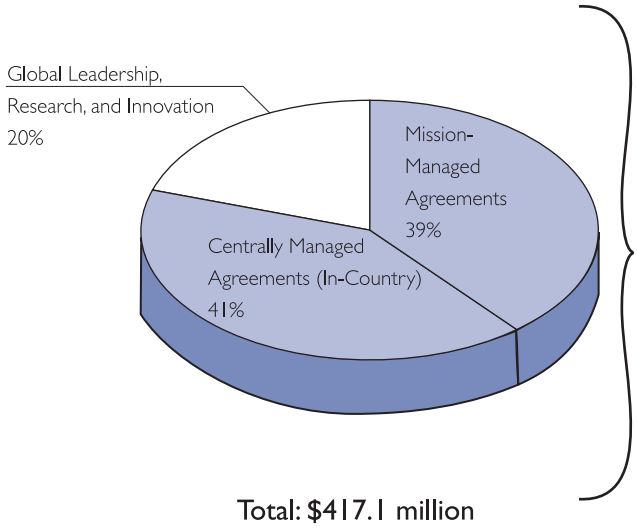
*The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

**The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, technical leadership, new initiatives, strategic planning, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g. invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Figure 4

USAID Expenditures on In-Country Activities for Family Planning/ Reproductive Health FY 2004



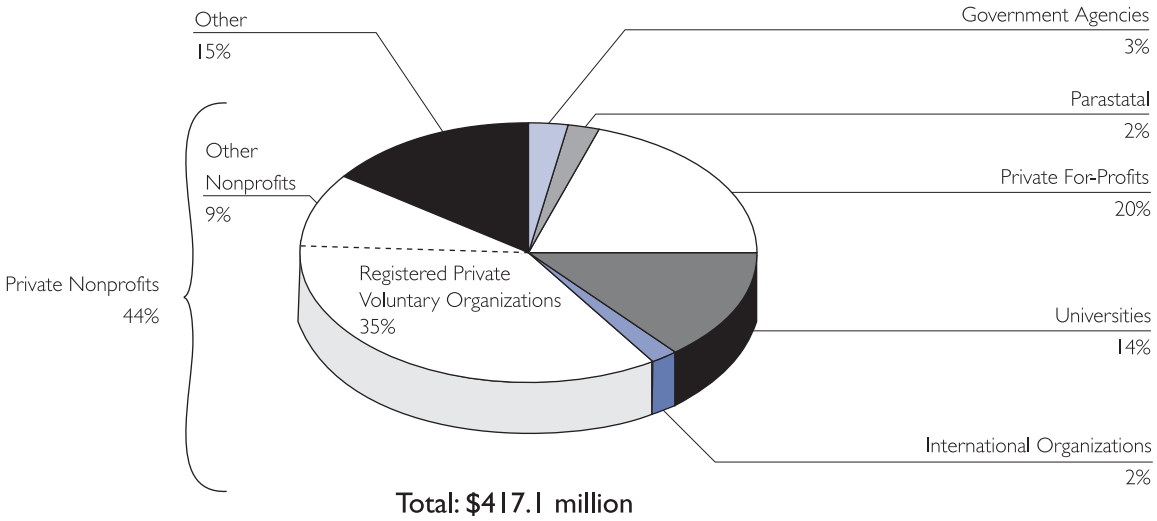
In-Country Activities (shaded areas)	
– Local Government Agencies/Parastatals	4%
– Local Private Nonprofits	7%
– Local Private For-Profits	1%
– Other In-Country Organizations*	4%
– Field Office Operations	21%
– Long-Term TA via Centrally Managed Agreements	20%
– Short-Term TA via Mission-Managed Agreements	5%
– Short-Term TA via Centrally Managed Agreements	6%
– International Organizations	<1%
– Contraceptive & Condom Shipments	12%
Total	80%

*Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

Note: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

USAID Family Planning/Reproductive Health Expenditures by Type of Implementing Partner FY 2004



Notes: 1) This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. No sub-agreement information is provided in these percentages. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percentages in these two graphs will not match.
2) The Government Agencies category includes both U.S. and host-country government institutions that are primary recipients.
3) Other implementing partners include USAID Missions incurring direct costs.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 4

Africa: USAID Family Planning/Reproductive Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Angola	100	201	712	66	1,079
Benin	1,543	389	544	-	2,476
Burkina Faso	-	-	65	617	682
Burundi	-	-	-	14	14
Cameroon	-	-	-	1,014	1,014
Congo, Dem. Republic of	844	1,202	994	1,354	4,394
Eritrea	496	27	-	-	523
Ethiopia	3,787	2,047	627	2,024	8,485
Ghana	350	2,595	231	3,210	6,386
Guinea	1,559	170	302	50	2,081
Kenya	4,293	3,425	3,052	168	10,938
Liberia	445	-	-	370	815
Madagascar	546	1,763	705	1,746	4,760
Malawi	2,583	1,594	47	421	4,645
Mali	1,605	1,088	563	537	3,793
Mozambique	2,307	8,391	175	1,043	11,916
Namibia	-	33	6	-	39
Nigeria	6,311	3,852	78	3,035	13,276
Rwanda	605	789	757	125	2,276
Senegal	2,999	652	1,224	660	5,535
South Africa	434	1,617	1,061	2	3,114
Sudan	42	-	-	-	42
Tanzania	1,709	4,818	341	3,345	10,213
Togo	-	-	-	309	309
Uganda	1,069	1,873	231	2,880	6,053
Zambia	2,793	632	210	-	3,635
Zimbabwe	-	471	73	485	1,029
REDSO/ESA	990	142	91	-	1,223
WARP	1,578	493	13	-	2,084
Multiple – Africa	-	1,359	2,763	-	4,122
Total Africa	**$38,988**	**$39,623**	**$14,865**	**$23,475**	**$116,951**

*Contraceptive and condom expenditures are based on the value of shipments. Commodities purchased and shipped using HIV/AIDS funds are not included here. Source: NEWVERN Information System, January 2005.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Asia/Near East: USAID Family Planning/Reproductive Health Expenditures by Country
FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Afghanistan	12,598	35	106	1,054	13,793
Bangladesh	4,967	4,392	945	6,704	17,008
Cambodia	3,477	878	250	-	4,605
Egypt	2,473	7,345	1,090	7,364	18,272
India	9,115	6,037	1,342	-	16,494
Indonesia	6,836	4,259	17	-	11,112
Iraq**	2,446	1	-	-	2,447
Jordan	6,153	3,546	206	394	10,299
Morocco	161	637	58	-	856
Nepal	2,489	601	348	919	4,357
Pakistan	3,385	629	3,472	-	7,486
Philippines	10,797	3,375	1,478	2,463	18,113
Sri Lanka	-	28	-	-	28
Vietnam	-	62	5	-	67
West Bank/Gaza	3,406	58	-	28	3,492
RDM/A	-	16	76	-	92
Multiple – ANE	504	2,646	541	-	3,691
Total ANE	**$68,807**	**$34,545**	**$9,934**	**$18,926**	**$132,212**

*Contraceptive and condom expenditures are based on the value of shipments. Commodities purchased and shipped using HIV/AIDS funds are not included here. Source: NEWVERN Information System, January 2005.

**Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 6

Europe & Eurasia: USAID Family Planning/Reproductive Health Expenditures by Country
FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Albania	872	1,054	189	-	2,115
Armenia	1,038	1,287	39	-	2,364
Azerbaijan	466	26	2	5	499
Georgia	586	285	20	-	891
Kazakhstan	1,809	-	-	-	1,809
Kyrgyzstan	376	-	216	-	592
Moldova	42	-	-	-	42
Romania	2,378	-	213	678	3,269
Russia	1,440	246	-	-	1,686
Serbia & Montenegro	2,131	-	-	-	2,131
Tajikistan	1,725	-	-	-	1,725
Turkey	-	11	9	-	20
Turkmenistan	275	-	-	-	275
Ukraine	332	624	17	-	973
Uzbekistan	4,383	77	202	-	4,662
Central Asian Republics	167	-	-	-	167
Multiple – E&E	-	170	44	-	214
Total E&E	**$18,020**	**$3,780**	**$951**	**$683**	**$23,434**

*Contraceptive and condom expenditures are based on the value of shipments. Commodities purchased and shipped using HIV/AIDS funds are not included here. Source: NEWVERN Information System, January 2005.

Table 7

Latin America/Caribbean: USAID Family Planning/Reproductive Health Expenditures by Country
FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Bolivia	7,975	2,151	460	577	11,163
Brazil	-	10	111	-	121
Dominican Republic	2,263	231	813	84	3,391
Ecuador	-	347	312	224	883
El Salvador	1,560	1,339	908	485	4,292
Guatemala	6,469	874	991	354	8,688
Guyana	-	44	36	-	80
Haiti	2,925	375	335	1,119	4,754
Honduras	4,012	807	601	808	6,228
Jamaica	1,997	490	626	-	3,113
Mexico	-	73	716	-	789
Nicaragua	688	1,599	663	654	3,604
Paraguay	1,247	1,161	-	297	2,705
Peru	5,416	8,263	498	1,166	15,343
Caribbean Regional	-	-	8	-	8
Multiple – LAC	-	613	518	-	1,131
Total LAC	**$34,552**	**$18,377**	**$7,596**	**$5,768**	**$66,293**

*Contraceptive and condom expenditures are based on the value of shipments. Commodities purchased and shipped using HIV/AIDS funds are not included here. Source: NEWVERN Information System, January 2005.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 8

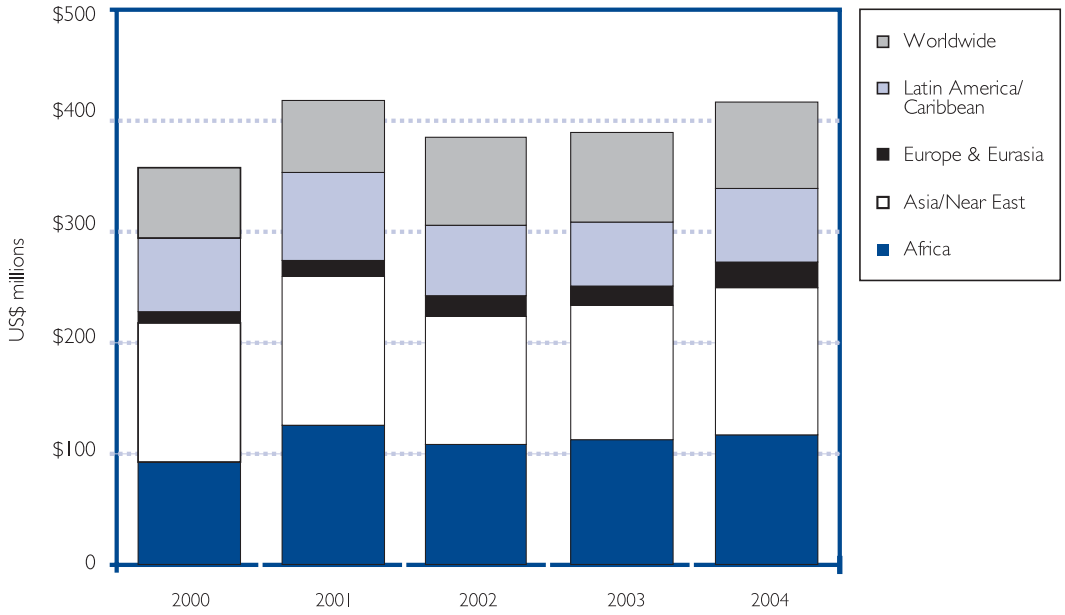
Worldwide: USAID Family Planning/Reproductive Health Expenditures by Country FY 2004 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total FP/RH Expenditures
USA*	-	-	20,766	-	20,766
Multiple – Interregional	-	-	57,394	-	57,394
Total Worldwide	-	-	$78,160	-	$78,160

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

Figure 6

Trends in USAID Family Planning/Reproductive Health Expenditures by Region FY 2000–2004



Note: As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included in expenditures.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 9

Africa: Trends in USAID Family Planning/Reproductive Health Expenditures by Country
FY 2000–2004 ($1,000s)

Country	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Angola	-	265	-	198	1,079
Benin	2,890	2,639	2,571	2,515	2,476
Botswana	41	72	-	-	-
Burkina Faso	243	57	463	236	682
Burundi	(132)*	22	-	-	14
Cameroon	1,956	1,162	1,661	439	1,014
Congo, Dem. Republic of	341	1,337	386	1,303	4,394
Congo, Republic of	-	167	28	-	-
Cote d'Ivoire	8	11	194	109	-
Eritrea	8	401	1,222	1,495	523
Ethiopia	6,679	12,269	7,105	4,619	8,485
Ghana	6,749	10,457	13,397	8,801	6,386
Guinea	2,083	1,335	2,226	3,296	2,081
Kenya	6,796	7,472	8,306	6,810	10,938
Liberia	110	-	660	254	815
Madagascar	3,666	4,381	3,570	4,295	4,760
Malawi	4,898	4,228	7,416	4,605	4,645
Mali	4,299	4,674	8,779	3,117	3,793
Mauritius	3	-	-	-	-
Mozambique	3,557	4,979	3,735	7,743	11,916
Namibia	10	53	-	122	39
Nigeria	3,886	8,590	7,064	11,858	13,276
Rwanda	1,157	5,162	800	1,890	2,276
Senegal	5,446	5,820	3,020	4,827	5,535
Seychelles	20	-	-	-	-
Sierra Leone	14	-	-	30	-
South Africa	2,158	7,854	1,558	2,152	3,114
Sudan	-	-	64	1	42
Swaziland	-	90	-	-	-
Tanzania	4,558	7,347	6,265	6,115	10,213
Togo	669	1,056	923	442	309
Uganda	9,455	9,348	6,806	6,411	6,053
Zambia	4,559	5,064	3,479	3,256	3,635
Zimbabwe	3,176	4,660	1,311	1,570	1,029
REDSO/ESA	1,182	2,284	602	1,039	1,223
WARP	7,378	6,339	8,734	17,415	2,084
Multiple - Africa	4,322	6,305	5,821	5,099	4,122
Total Africa	**$92,185**	**$125,900**	**$108,166**	**$112,062**	**$116,951**

*Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

Notes: 1) As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.
2) Variations may occur from previously reported values in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Asia/Near East: Trends in USAID Family Planning/Reproductive Health Expenditures by Country
FY 2000–2004 ($1,000s)

Country	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Afghanistan	-	-	74	3,810	13,793
Bangladesh	27,699	30,057	29,017	16,173	17,008
Cambodia	4,127	4,046	3,734	4,267	4,605
Egypt	18,479	26,348	16,332	18,791	18,272
India	22,595	17,544	16,588	14,524	16,494
Indonesia	3,269	4,957	9,895	11,807	11,112
Iraq*	-	-	-	1,082	2,447
Jordan	11,214	9,712	13,185	13,761	10,299
Malaysia	3	-	-	-	-
Morocco	3,089	3,042	2,535	1,885	856
Nepal	4,963	7,022	6,749	8,851	4,357
Pakistan	-	-	108	862	7,486
Philippines	27,444	26,481	14,313	19,281	18,113
Sri Lanka	85	101	36	-	28
Vietnam	35	147	40	7	67
West Bank/Gaza	1,557	2,533	617	5,265	3,492
Western Samoa	4	-	-	-	-
RDM/A	39	104	144	58	92
Multiple - ANE	1,356	822	1,297	1,241	3,691
Total ANE	**$125,958**	**$132,916**	**$114,664**	**$121,665**	**$132,212**

*Iraq expenditures represent Child Survival and Health Account funds only. These expenditures do not include funds spent through the supplemental Iraq Relief and Reconstruction Fund.

Notes: 1) As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.
2) Variations may occur from previously reported values in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 11

Europe & Eurasia: Trends in USAID Family Planning/Reproductive Health Expenditures by Country
FY 2000–2004 ($1,000s)

Country	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Albania	46	308	1,177	2,674	2,115
Armenia	1,387	3,222	2,975	2,806	2,364
Azerbaijan	174	891	657	1,721	499
Belarus	16	-	-	-	-
Georgia	583	972	1,858	1,081	891
Kazakhstan	830	1,530	156	475	1,809
Kyrgyzstan	30	75	60	359	592
Moldova	-	-	469	191	42
Romania	1,858	2,400	2,173	684	3,269
Russia	1,169	1,151	3,050	3,398	1,686
Serbia & Montenegro	-	-	-	120	2,131
Tajikistan	-	30	24	651	1,725
Turkey	1,768	1,412	1,706	140	20
Turkmenistan	257	233	17	167	275
Ukraine	861	1,278	3,892	2,280	973
Uzbekistan	157	780	663	732	4,662
Central Asian Republics	90	6	-	-	167
Multiple - E&E	69	124	255	35	214
Total E&E	**$9,295**	**$14,412**	**$19,132**	**$17,514**	**$23,434**

Notes: 1) As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.
2) Variations may occur from previously reported values in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Table 12

Latin America/Caribbean: Trends in USAID Family Planning/Reproductive Health Expenditures by Country
FY 2000–2004 ($1,000s)

Country	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Bolivia	8,808	14,935	13,747	10,889	11,163
Brazil	2,311	542	342	206	121
Dominican Republic	3,069	2,560	2,363	2,957	3,391
Ecuador	4,841	6,545	1,855	468	883
El Salvador	3,784	4,799	4,353	3,958	4,292
Guatemala	6,411	9,037	5,842	2,769	8,688
Guyana	-	16	-	62	80
Haiti	6,482	7,263	4,257	5,193	4,754
Honduras	5,389	5,996	6,301	6,342	6,228
Jamaica	1,341	1,656	4,304	3,854	3,113
Mexico	583	528	345	758	789
Nicaragua	5,698	9,457	6,330	4,658	3,604
Paraguay	1,143	2,202	2,766	2,129	2,705
Peru	15,370	13,105	10,381	11,673	15,343
Caribbean Regional	-	-	-	-	8
Multiple - LAC	1,181	673	880	1,303	1,131
Total LAC	**$66,411**	**$79,314**	**$64,066**	**$57,219**	**$66,293**

Notes: 1) As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.
2) Variations may occur from previously reported values in historical data as new information is obtained.

Table 13

Worldwide: Trends in USAID Family Planning/Reproductive Health Expenditures by Country
FY 2000–2004 ($1,000s)

Country	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
USA*	13,711	10,766	18,271	19,537	20,766
Multiple - Interregional	49,134	55,130	60,081	61,643	57,394
Total Worldwide	**$62,845**	**$65,896**	**$78,352**	**$81,180**	**$78,160**

*USA expenditures include amounts spent within the United States primarily to support research, technical leadership, strategic planning, and new initiatives.

FP/RH Totals	$356,694	$418,438	$384,380	$389,640	$417,050

Notes: 1) As of FY 2001, Missions have reported only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.
2) Variations may occur from previously reported values in historical data as new information is obtained.

These figures represent Agency-wide health expenditures on all accounts and not appropriations or obligations as described in the introduction to this report.

Annex: Contraceptive & Condom Shipments

Overview of Contraceptive and Condom Shipments

For many years, USAID has been among the largest international donors of contraceptives and condoms. Since the 1970s, USAID has provided family planning and reproductive health commodities to countries in the Agency's Africa, Asia/Near East, Europe & Eurasia, and Latin America/Caribbean regions. The Commodities Security and Logistics Division of USAID's Office of Population and Reproductive Health administers a centralized system for commodity procurement; supports a program for health commodities and logistics management; works with country programs and other donors to ensure that these commodities are available to those who choose to use them; and maintains a database on USAID commodity assistance.

This annex describes USAID's contraceptive and condom distribution activities in fiscal year (FY) 2004. It presents data on the values and quantities of commodity shipments by USAID region and country, affiliations of recipient organizations, and trends over the past decade. One-year fluctuations in contraceptive and condom shipments on the regional and country level are not necessarily the result of programmatic shifts. Variations in year-to-year shipments and commodity production schedules most often account for these fluctuations.

Commodity Fund

The Agency has developed an operational plan for its HIV/AIDS "expanded response" strategy. One aspect of this plan includes a Commodity Fund to centrally finance male and female condoms for HIV/AIDS programs and ensure their expedited delivery to countries. (For rationale and application criteria, see Guidance on the Definition and Use of the Child Survival and Health Programs Fund, FY 2003 Update, page 331).

The Commodity Fund began in FY 2002 with $25 million and continued in FY 2003 with $27.8 million. In FY 2004, the Fund again continued at the $27.8 million level. As part of the Commodity Fund strategy, USAID added another product for HIV/AIDS programs. In September 2003, a centrally funded female condom contract was awarded. USAID provided these condoms free to Missions for HIV/AIDS prevention as part of the Commodity Fund. These condoms were procured in limited quantities (4% to 7% of total Fund resources). Requests for female condoms from Missions were handled on a case-by-case basis.

Worldwide Contraceptive and Condom Shipments

In FY 2004, the value of USAID shipments worldwide totaled $73 million, and shipments reached 55 countries in USAID's Africa, Asia/Near East (ANE), Europe & Eurasia (E&E), and Latin America/Caribbean (LAC) regions. Compared with FY 2003, the value of USAID contraceptive and condom shipments worldwide increased by 12% in FY 2004, and eight new countries received shipments. Nine countries that received shipments in FY 2003 did not receive them in FY 2004. Between FY 1994 and FY 2004, worldwide contraceptive and condom shipments remained on an upward trend (see figure 1). While worldwide trends in total condom shipment values showed a slight decline over the past 11 fiscal years, contraceptive shipment values increased most years (figure 2).

Between FY 2003 and FY 2004, the value of contraceptive and condom shipments to Africa increased by 28% ($31.9 million to $40.9 million). Africa was the only region that experienced a significant increase in shipment values and accounted for the increase in contraceptive and condom shipments worldwide. As in FY 2003, the Africa region received the largest share (56%) of the value of contraceptive and condom shipments in FY 2004. The shares in value of contraceptive shipments for other regions in FY 2004 were ANE, 32%; LAC, 11%; and E&E, 1% (figure 3). The total value of contraceptive and condom funds spent in ANE was $23.3 million; LAC, $7.8 million; and E&E, around $1 million.

The worldwide distribution of value by method (figure 4) showed some changes from FY 2003. In FY 2004, condoms still had the highest share of value (31%), followed by oral contraceptives and injectables (each at 29%), intrauterine devices (IUDs) (5%), implants and female condoms (each at 3%), and vaginal foaming tablets (VFTs) (0.1%). In FY 2003, condoms also had the largest share of value (36%), followed by oral contraceptives (31%). The most significant change in FY 2004 was the increase in the injectables share to the same value as orals. There was also an increase in female condoms as a standard USAID method for HIV/AIDS programs, a result of the centrally funded female condom contract awarded in September 2003.

In the regional distribution of condoms, an increase in shipment values occurred only in the ANE region, from $4.5 million in FY 2003 to $4.7 million in FY 2004. The other three regions all showed declines in condom shipment values. Africa received the greatest value of female condom shipments in FY 2004, with smaller quantities shipped to the LAC region and none to ANE and E&E. Injectables shipment values saw a significant increase only in the Africa region.

The creation of the Commodity Fund in 2002 occurred at a time when USAID's condom manufacturers were experiencing production delays and unable to increase capacity to supply USAID's growing need in terms of quantities and brands. Condom shipments, however, have grown since 2002 as production has increased to be more in line with need, though still not to optimum levels to meet Missions' demand. Production problems also affected timely delivery of oral contraceptives. USAID has worked closely with the manufacturer to monitor production issues and minimize the effect of delays on field programs. During FY 2002 and FY 2003, USAID experienced delayed deliveries of Depo-Provera, which meant delayed shipments to the field. Obtaining an offshore waiver to purchase Depo-Provera from the manufacturer's European facility allowed USAID to secure supplies before program stocks were depleted. The increased shipment quantities in FY 2004 reflect the manufacturer's increased capacity to meet program needs on a timely basis.

Figure 1

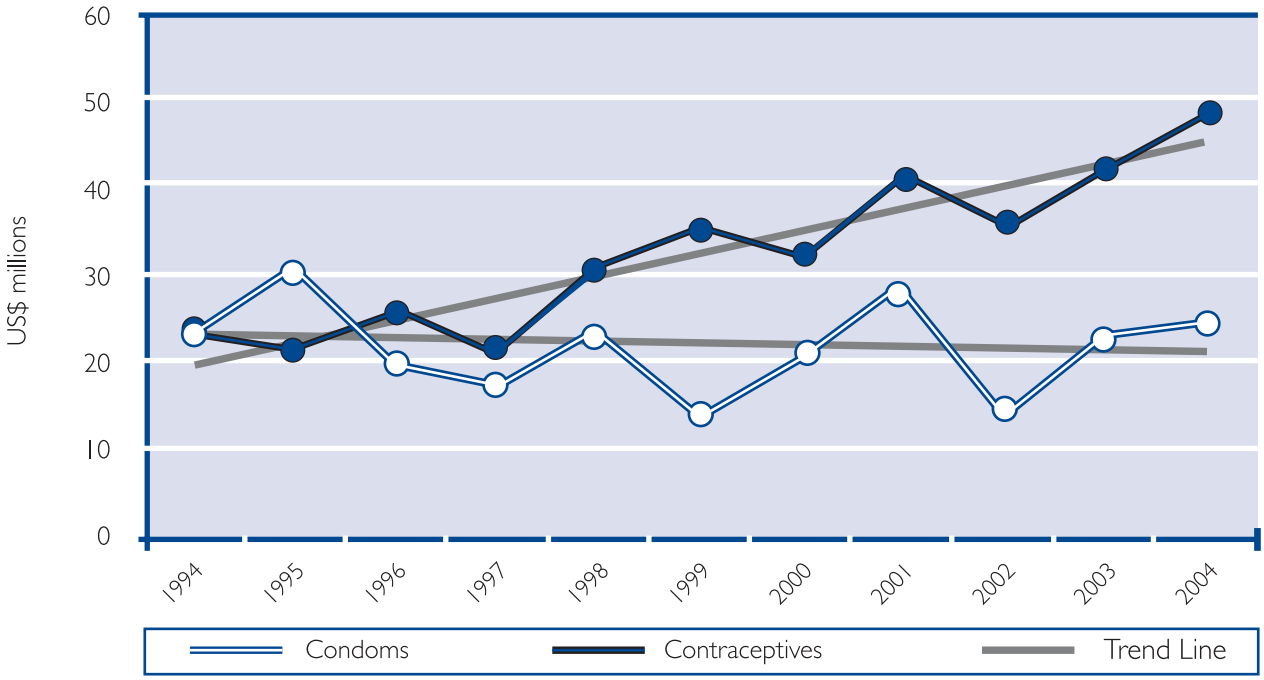
Trends in Total Worldwide Contraceptive & Condom Shipment Values FY 1994–2004 (US$ millions)

Note: Condom shipment values include both male and female condoms.

Source: NEWVERN Information System, Office of Population and Reproductive Health, May 2005.

Figure 2

Trends in Worldwide Contraceptive & Condom Shipment Values FY 1994–2004 (US$ millions)

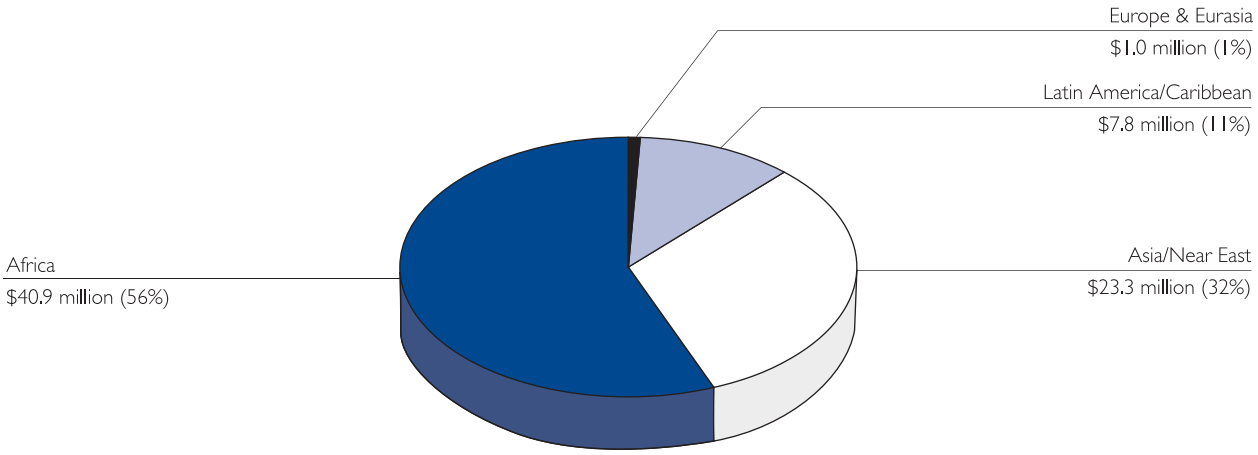


Note: Condom shipment values include both male and female condoms.

Source: NEWVERN Information System, Office of Population and Reproductive Health, May 2005.

Figure 3

Contraceptive & Condom Shipment Values by Region FY 2004

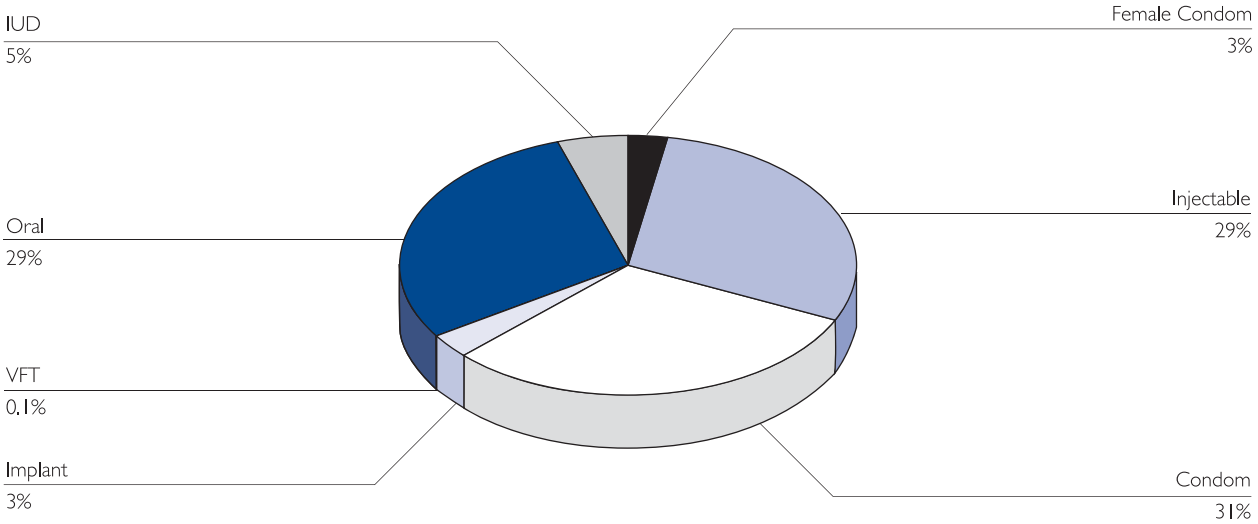


Total: $73.0 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 4

Worldwide Contraceptive & Condom Shipment Values by Method FY 2004



Total: $73.0 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive and Condom Shipments to Africa

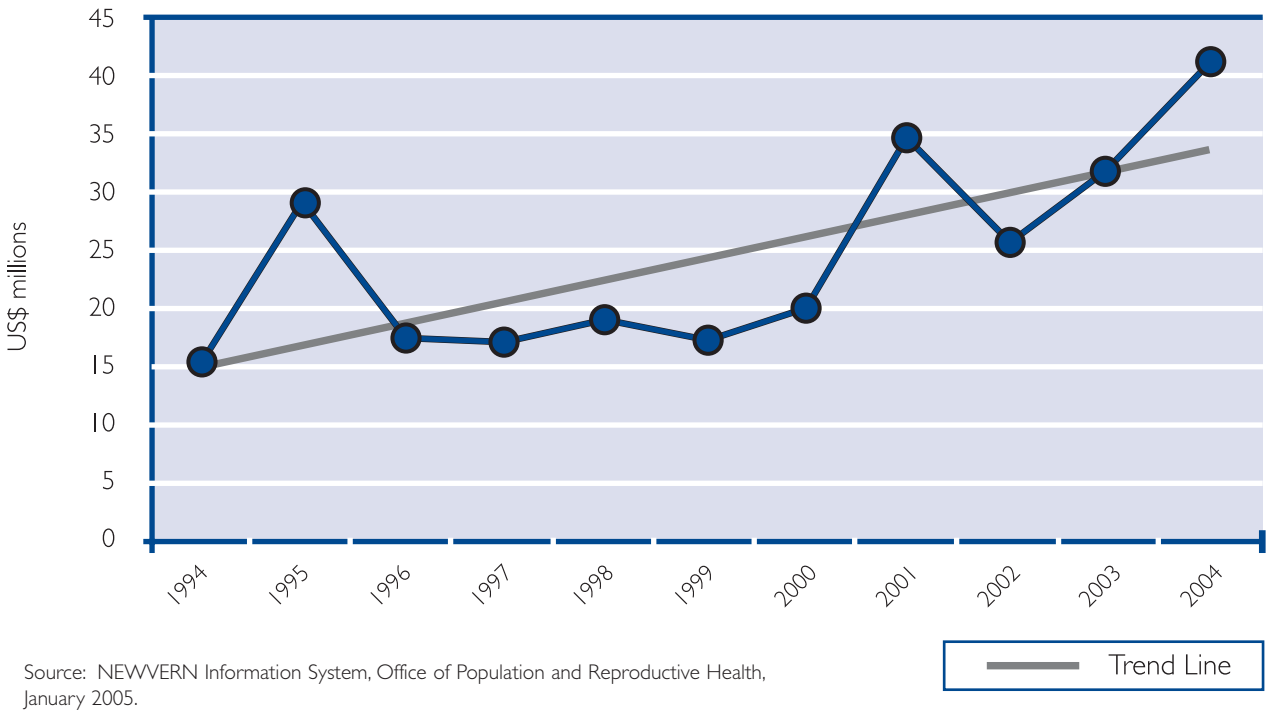
Twenty-seven countries in USAID's Africa region received contraceptive and condom shipments in FY 2004. In FY 2003, 29 countries received shipments. The total value of contraceptive shipments was $40.9 million, an increase from $31.9 million in FY 2003. As shown in figure 5, there has been an upward trend in contraceptive and condom shipment values to the Africa region over the past 11 years.

Accounting for 49% of the regional shipment value, the five countries with the largest shipment values were Ethiopia ($4.7 million), Uganda ($4.2 million), the Democratic Republic of the Congo (DR Congo) ($4.1 million), and Tanzania and Zimbabwe (about $3.5 million each) (figure 6). Of these countries, Ethiopia and Zimbabwe were also among the top five countries in shipment values in FY 2003. Countries with more than 100% increases between FY 2003 and FY 2004 were DR Congo, Lesotho, Liberia, Malawi, Tanzania, and Uganda. Some of these increases were due to emergency shipments requested by the country. Namibia, Benin, Zambia, Congo (Brazzaville), and Mauritania were recipients in FY 2003 but did not receive any commodities in FY 2004. Mali, Lesotho, Cote d'Ivoire, and Togo had greater than 50% declines in commodity shipments in FY 2004.

As shown in figure 7, FY 2004 condom shipments to Africa, valued at $15.8 million, represented 39% of the total value of contraceptive commodity shipments to the region. Injectables represented 28%, followed by oral contraceptives at 22% and then by implants and female condoms at 5% each. IUDs represented 1% and VFTs (0.1%). In FY 2003, condoms also had the highest share of value; however, the share and total value declined in FY 2004. Between the two fiscal years, female condom shipments significantly rose in value from 0.3% to 5%.

Figure 5

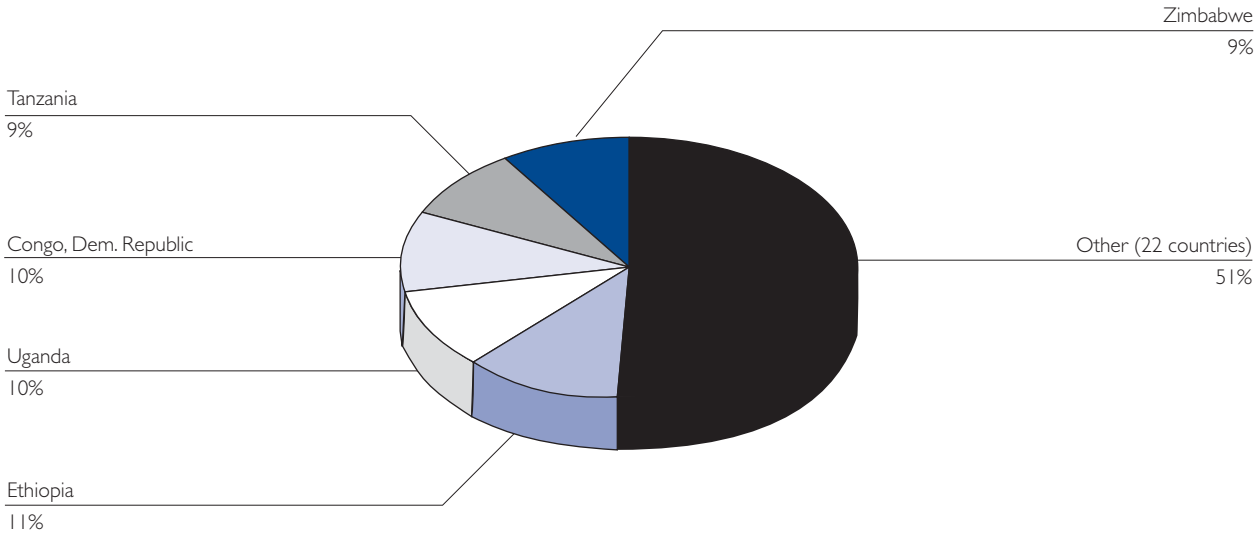
Trends in Contraceptive & Condom Shipment Values to Africa FY 1994–2004 (US$ millions)



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 6

Contraceptive & Condom Shipment Values to Africa Major Receiving Countries FY 2004

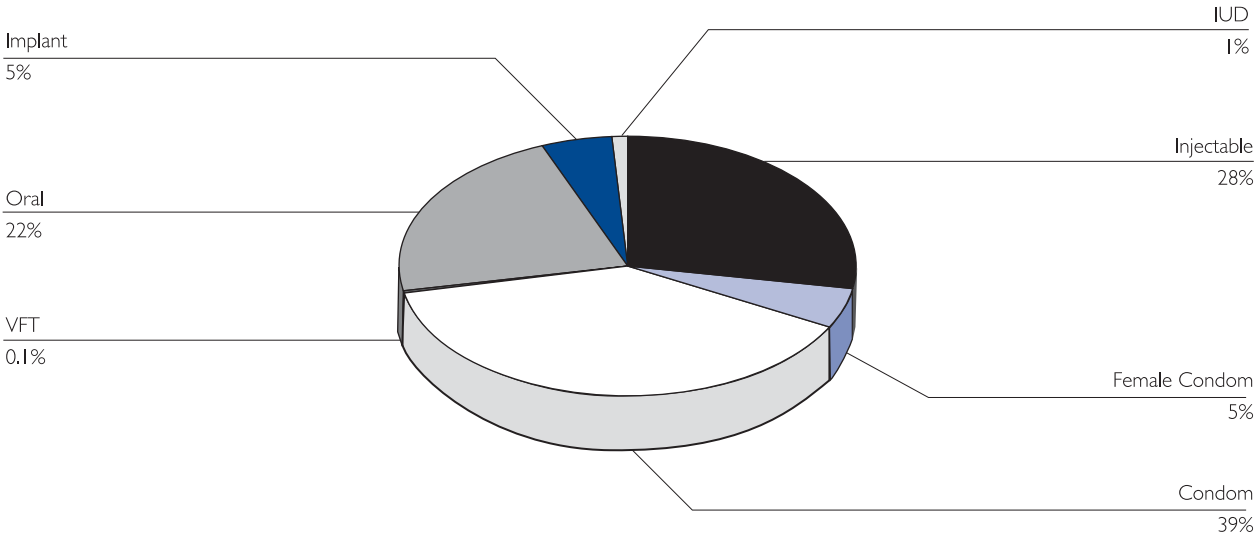


Total: $40.9 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 7

Contraceptive & Condom Shipment Values to Africa by Method FY 2004



Total: $40.9 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive and Condom Shipments to Asia/Near East

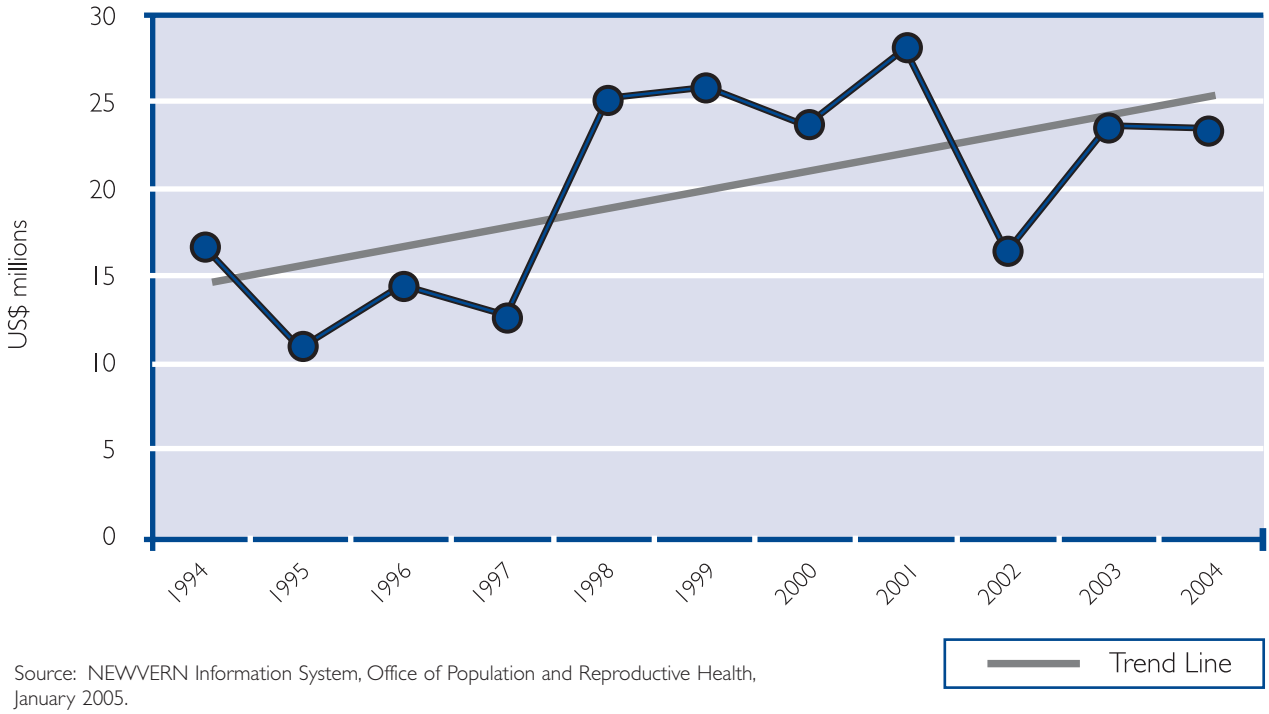
Thirteen countries in USAID's ANE region received contraceptive and condom shipments in FY 2004, compared with 12 countries in FY 2003. West Bank/Gaza was the new recipient. The total value of contraceptive shipments to the region was $23.3 million, a slight decline from FY 2003. Part of this decline was due to the phasing out of shipments to the Philippines. Despite the decline, ANE contraceptive and condom shipment values have maintained an upward trend over the past 11 years (figure 8).

In FY 2004, Egypt ($7.4 million), Bangladesh ($7.1 million), Nepal ($2.9 million), and the Philippines ($2.5 million) accounted for 86% of the value of regional contraceptive shipments (figure 9). These four countries also accounted for the largest share of contraceptive shipments to the region in FY 2003. While shipment values to Bangladesh, the Philippines, Indonesia, Morocco, and Vietnam declined in FY 2004, shipments to Afghanistan, Egypt, Jordan, Laos, Myanmar, Nepal, and Pakistan increased, although not enough to offset the decline in the total regional shipment value. Despite the phase-out of condom and contraceptive shipments to Indonesia and Morocco, these countries have continued to receive emergency shipments.

As presented in figure 10, oral contraceptives accounted for the largest share of regional shipment value in FY 2004 (39 percent), followed by injectables (27%), condoms (20%), and IUDs (14%). Compared with the FY 2003 method mix, implant and female condom shipment values fell to zero, while the largest increase in value was for IUDs (25%). Condom shipment values increased by 3.3%.

Figure 8

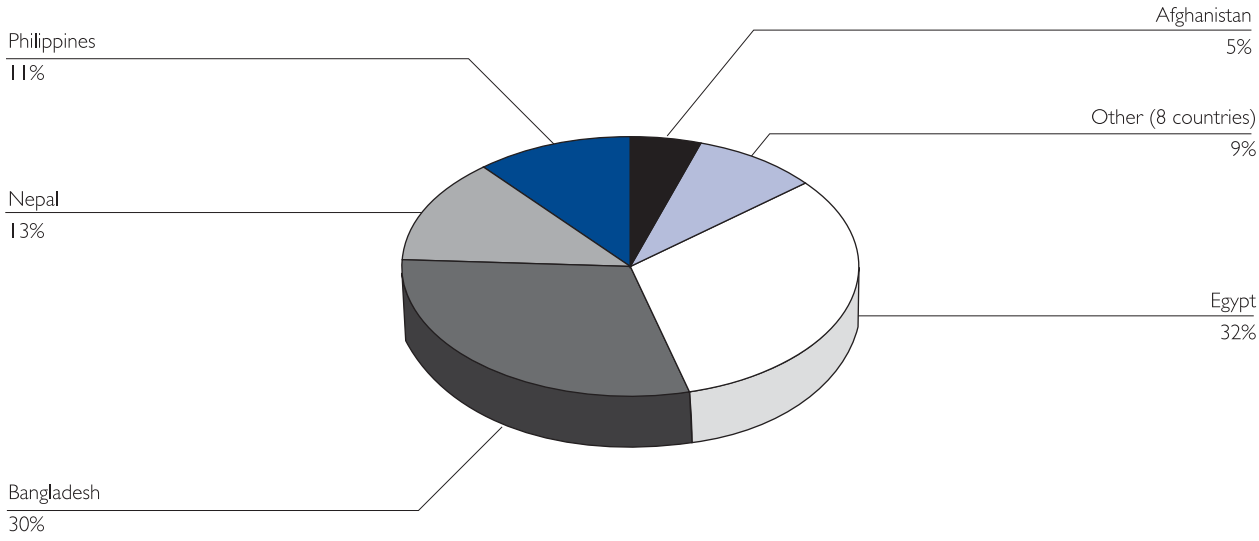
Trends in Contraceptive & Condom Shipment Values to Asia/Near East FY 1994–2004 (US$ millions)



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 9

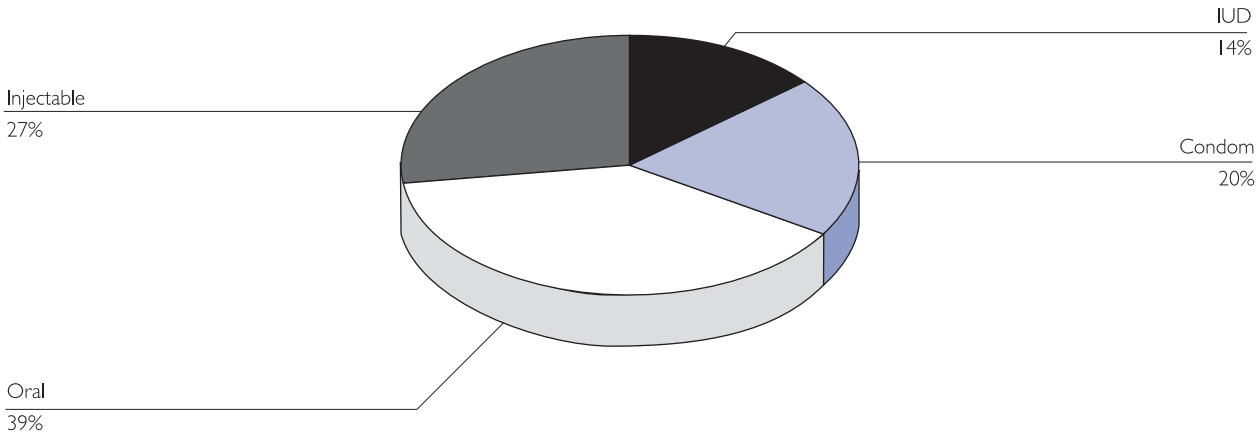
Contraceptive & Condom Shipment Values to Asia/Near East Major Receiving Countries FY 2004



Total: $23.3 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive & Condom Shipment Values to Asia/Near East by Method FY 2004



Total: $23.3 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive and Condom Shipments to Europe & Eurasia

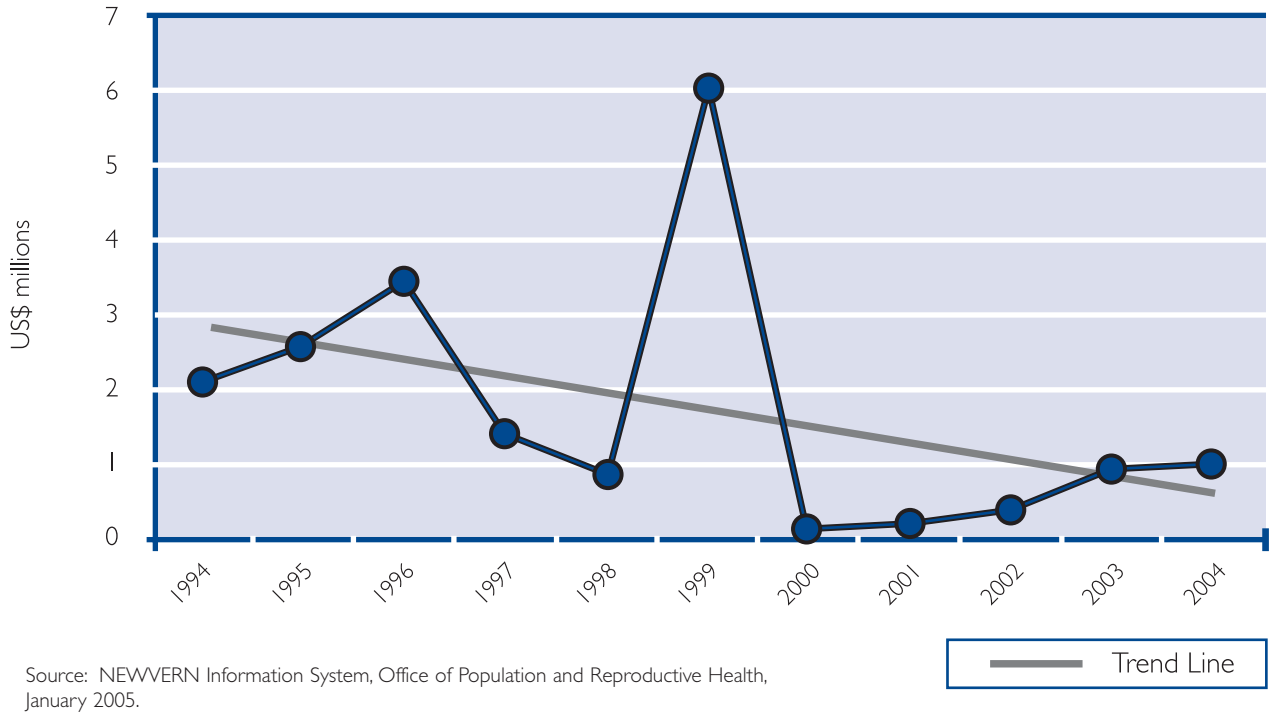
Two countries in USAID's E&E region received contraceptive and condom shipments in FY 2004. The total value of contraceptive shipments was $968,638, compared with $942,649 in FY 2003. As shown in figure 11, there has been a downward trend in E&E contraceptive and condom shipment values over the past 11 years.

In FY 2004, Romania received 99% of the total value of contraceptive shipments to the E&E region while Azerbaijan (a new addition) received the remaining 1% (figure 12). In FY 2003, Romania accounted for 81%. Kyrgyzstan, Tajikistan, and Albania were recipients in FY 2003 but did not receive any commodities in FY 2004. Romania is the only country in the region that received contraceptive and condom shipments in FYs 2002, 2003, and 2004.

With regard to method mix (figure 13), orals (65%) accounted for the largest share of FY 2004 E&E shipment values, followed by condoms (30%), injectables (3%), and IUDs (2%). By contrast, in FY 2003 condoms accounted for the majority of the shipment value (56%), followed by injectables (32%), orals (11%), and IUDs (2%).

Figure 11

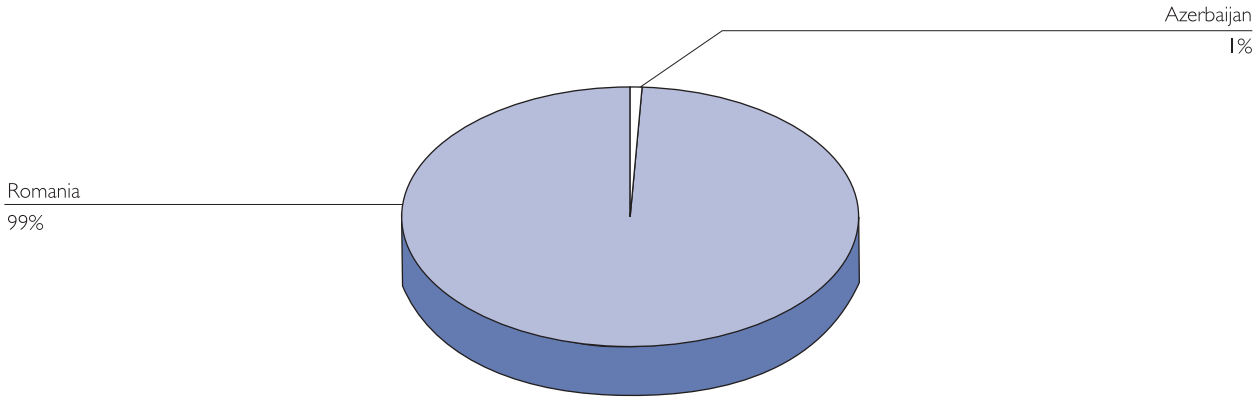
Trends in Contraceptive & Condom Shipment Values to Europe & Eurasia FY 1994–2004 (US$ millions)



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 12

Contraceptive & Condom Shipment Values to Europe & Eurasia Major Receiving Countries FY 2004

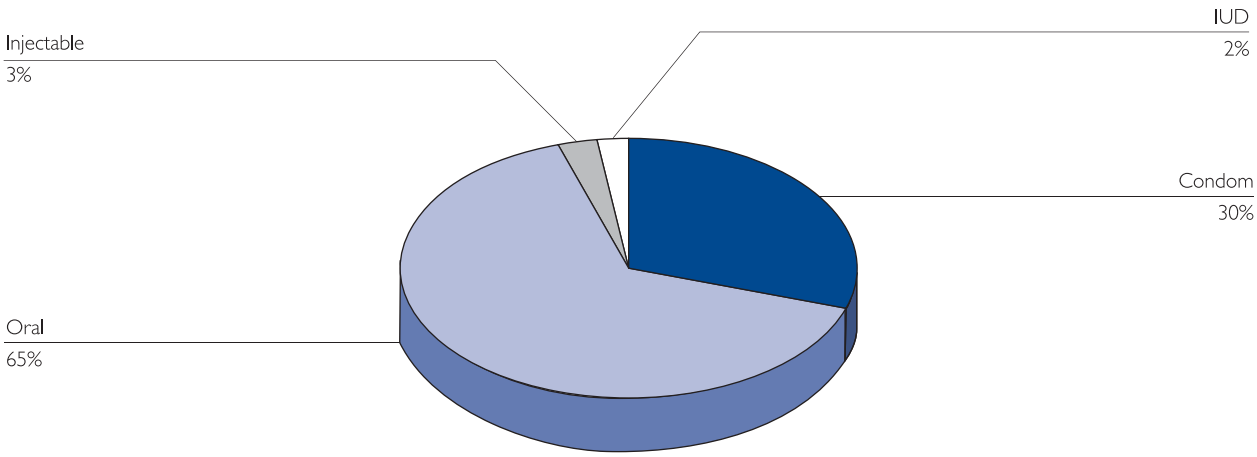


Total: $969,000

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 13

Contraceptive & Condom Shipment Values to Europe & Eurasia by Method FY 2004



Total: $969,000

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive and Condom Shipments to Latin America/Caribbean

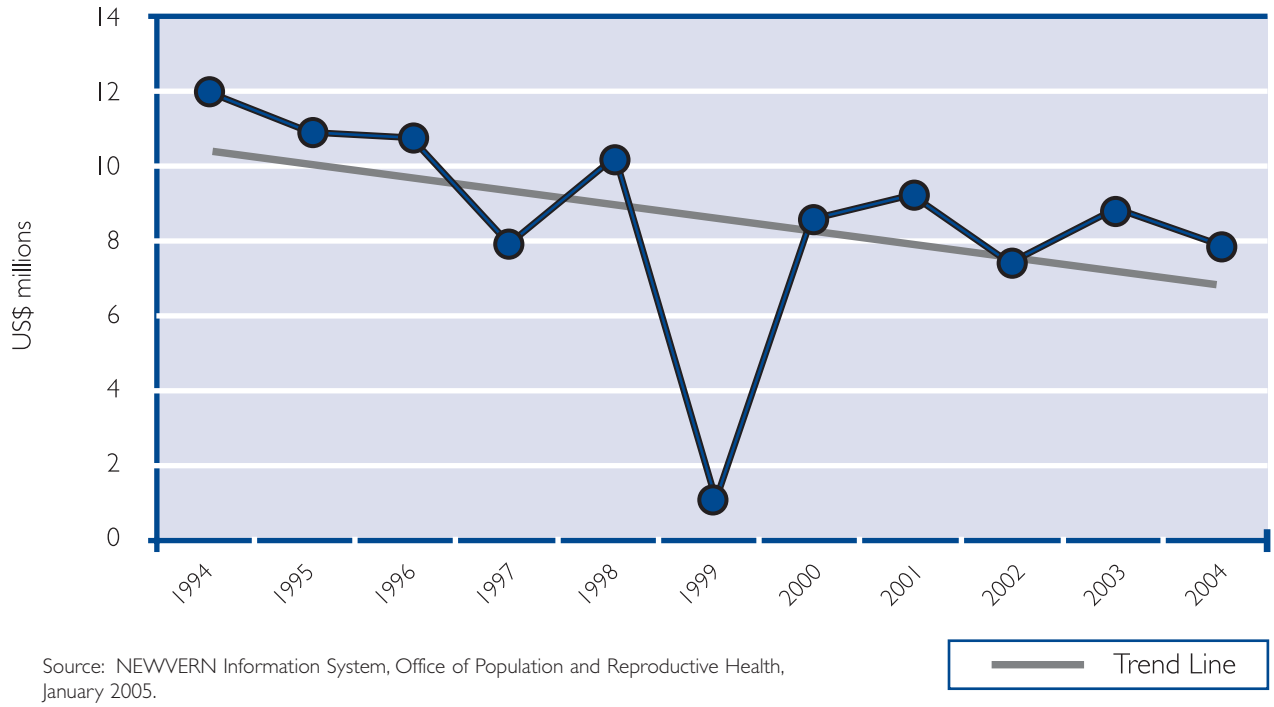
Thirteen countries in USAID's LAC region received contraceptive and condom shipments in FY 2004, compared with 11 countries in FY 2003. St. Kitts & Nevis, Trinidad & Tobago, and Jamaica were new recipients in FY 2004. Guyana was a recipient in FY 2003 but did not receive any commodities in FY 2004. The total value of contraceptive shipments was $7.8 million, compared with $8.8 million in FY 2003, an 11% decrease. As seen in figure 14, LAC contraceptive and condom shipment values show a downward trend over the past 11 years.

In FY 2004, five countries accounted for 68% of the total contraceptive shipment value to the region (figure 15). These countries were Haiti ($1.5 million), Bolivia and Peru (each nearly $1.2 million), Honduras ($808,429), and El Salvador ($709,724). This differs from the distribution of share values in FY 2003, when Nicaragua, not El Salvador, was in the top five. Between FY 2003 and FY 2004, contraceptive and condom shipment values to Nicaragua, Peru, and Honduras underwent large declines (42%, 30%, and 27%, respectively). The declines for these countries were primarily due to the phase-out of USAID-donated contraceptive supplies. Haiti also showed a decline in contraceptive shipment values.

With regard to method mix (figure 16), injectables, oral contraceptives, and condoms accounted for the largest shares of contraceptive shipment values in both FY 2003 and FY 2004. In FY 2004, injectables accounted for 42% of shipment values and orals and condoms 26% each. Between FY 2003 and FY 2004, female condoms showed the largest increase in shipment values from $24,848 to $127,275. During the same period, IUDs also showed an increase (27%). The largest decrease in shipment values occurred in VFTs (93%), a result of USAID's phasing out this method. Implants (52%) and orals (19%) showed the next largest decline. Condoms and injectables also decreased in shipment values by 8.6% and 7.1% respectively.

Figure 14

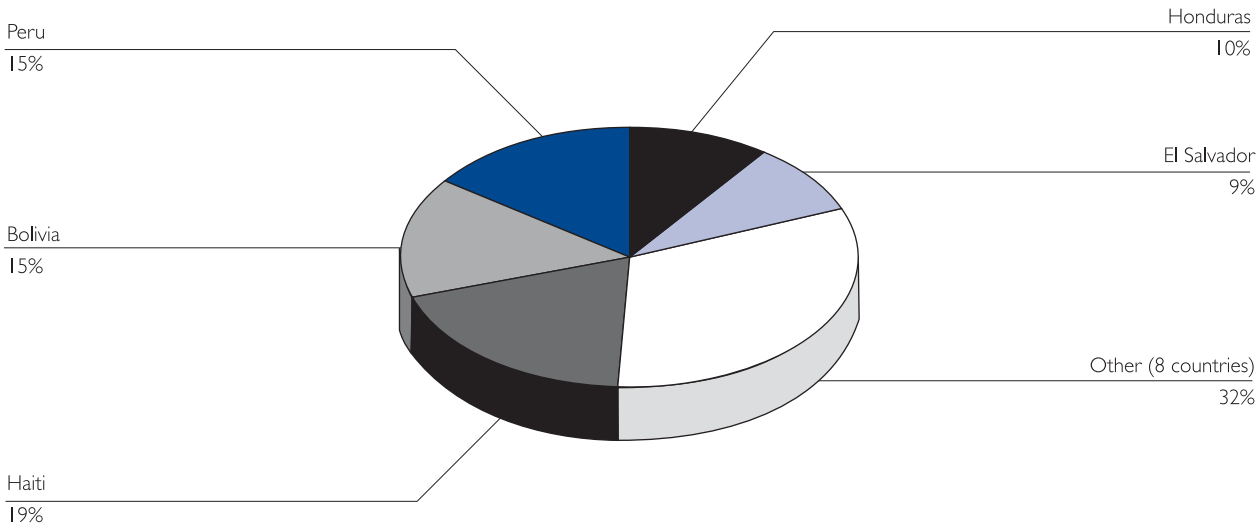
Trends in Contraceptive & Condom Shipment Values to Latin America/Caribbean FY 1994–2004 (US$ millions)



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 15

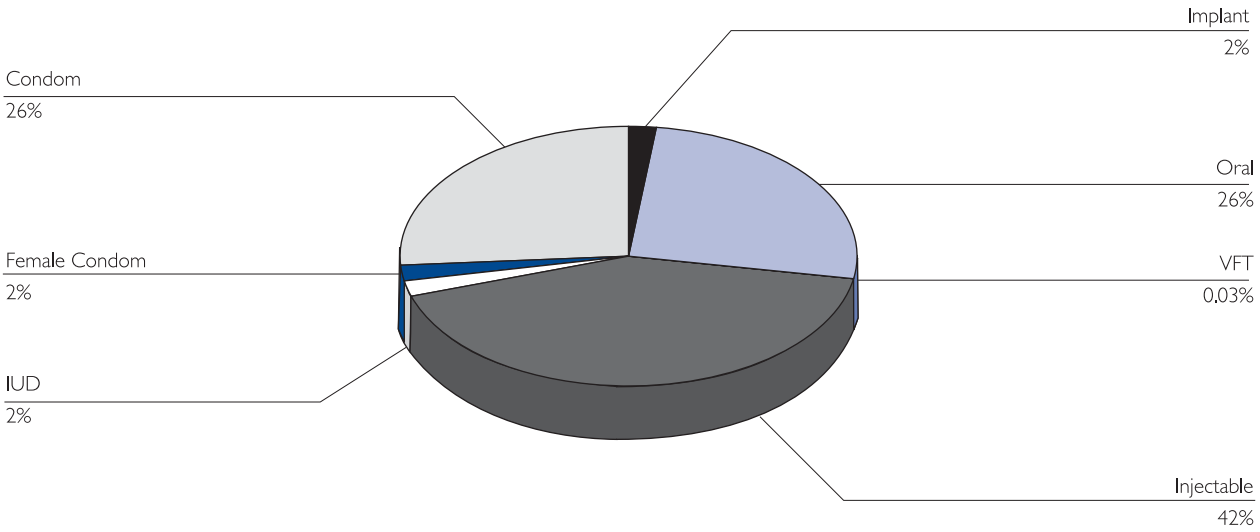
Contraceptive & Condom Shipment Values to Latin America/Caribbean Major Receiving Countries FY 2004



Total: $7.8 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Contraceptive & Condom Shipment Values to Latin America/Caribbean by Method FY 2004



Total: $7.8 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Affiliation Report

Social marketing and governmental/parastatal programs were the largest recipients of USAID contraceptives and condoms in FY 2004, receiving 55% and 34% of total shipment values respectively (figure 17). The value of contraceptives and condoms shipped to social marketing programs totaled $40.4 million, while governmental/parastatal programs received $25 million in value. The remaining programs – disaster relief, research, and nongovernmental organization (NGO) programs – received 11% ($7.6 million) of the worldwide contraceptives provided by USAID. Compared with FY 2003, the value of contraceptive shipments to disaster relief programs increased from about $800,000 to $1.8 million in FY 2004. The value of commodities to governmental/parastatal programs increased by 1.3% while the value of shipments to social marketing programs rose by 25%. The value of commodities going to research programs decreased by 32% and to NGO programs by 20%.

In the Africa region, social marketing programs ($26 million) received 63% of the value of commodity shipments, followed by governmental/parastatal programs ($11 million, or 27%) (figure 18). Compared with FY 2003, commodities to disaster relief programs increased significantly by 128%. Research program commodities declined by 32% between FY 2003 and FY 2004, while shipment values to NGO programs decreased by 34%.

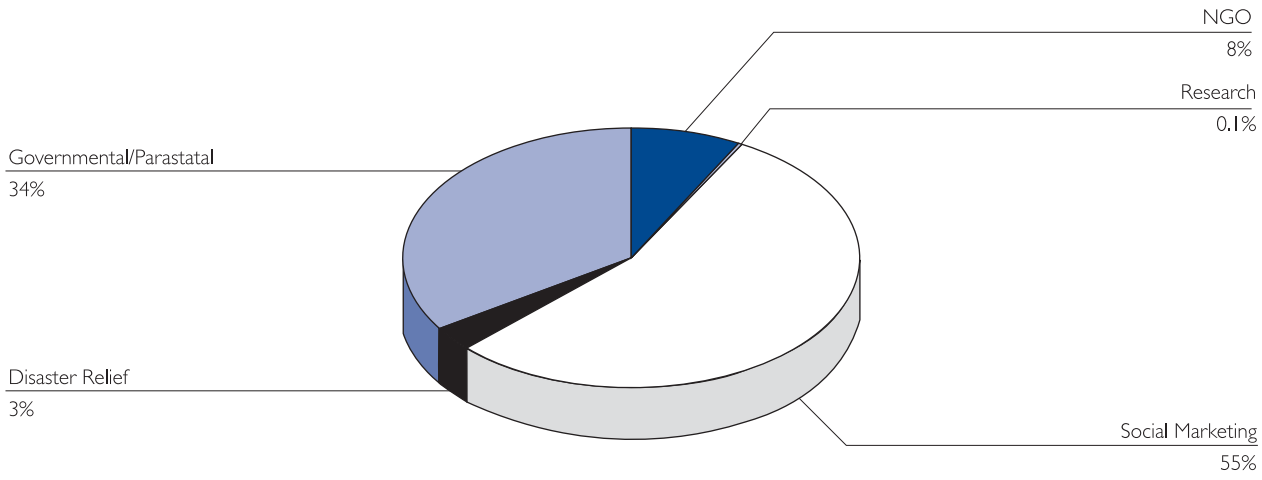
In the ANE region, only governmental/parastatal and social marketing programs received USAID support for contraceptives and condoms in FY 2004 (figure 19). Social marketing received 56% ($13 million) while governmental/parastatal programs received 44% ($10.3 million) of commodity shipments by value. Compared with FY 2003, the value of commodities shipped to NGO programs in the region declined from 0.9% to 0%. The share of shipment values to governmental/parastatal programs declined by 7.3% while social marketing programs increased by 7.6%.

For the E&E region, 99% of the value of contraceptive and condom shipments in FY 2004 went to NGO programs, while the remaining 1% was allocated to disaster relief programs (figure 20). Compared with FY 2003, the value of shipments to governmental/parastatal programs declined from 5.7% to 0%, while the value of shipments to NGO programs increased by 7.9%.

In the LAC region, 47% of the value of contraceptive and condom shipments in FY 2004 went to governmental/parastatal programs ($3.7 million); 33% went to NGOs ($2.6 million); and 20% to social marketing programs ($1.5 million) (figure 21). Compared with FY 2003, the largest increase in shipment values occurred in social marketing programs (27.6%) while governmental/para-statal programs showed a decline of 24.2%. NGO programs showed a 4.6% decrease.

Figure 17

Affiliation Report: Worldwide
FY 2004

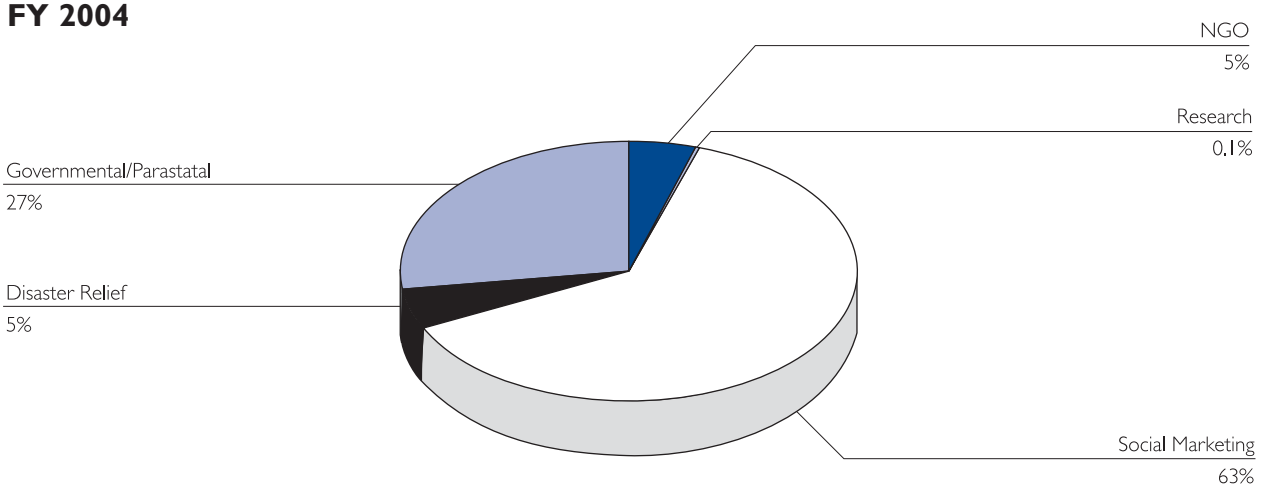


Total: $73.0 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 18

Affiliation Report: Africa
FY 2004

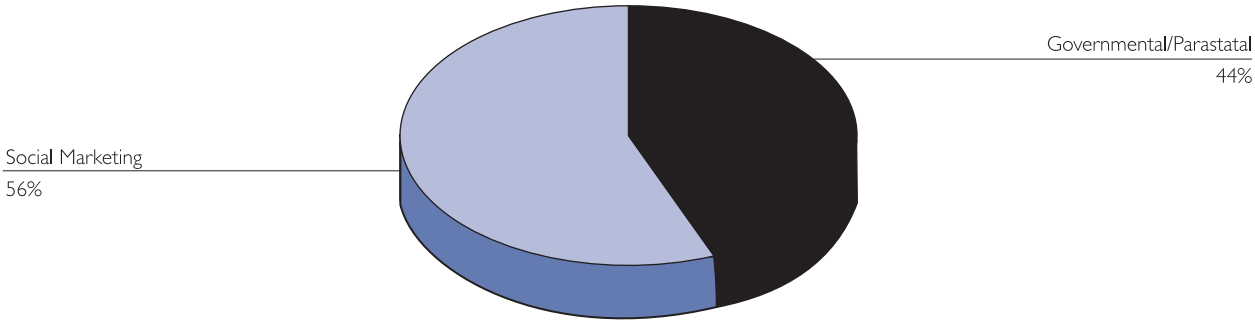


Total: $40.9 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 19

Affiliation Report: Asia/Near East FY 2004

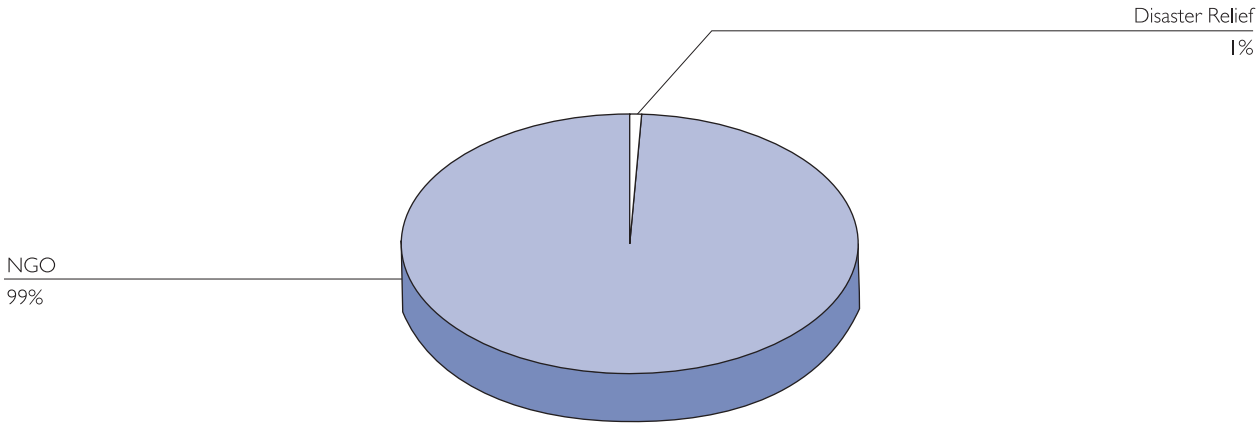


Total: $23.3 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 20

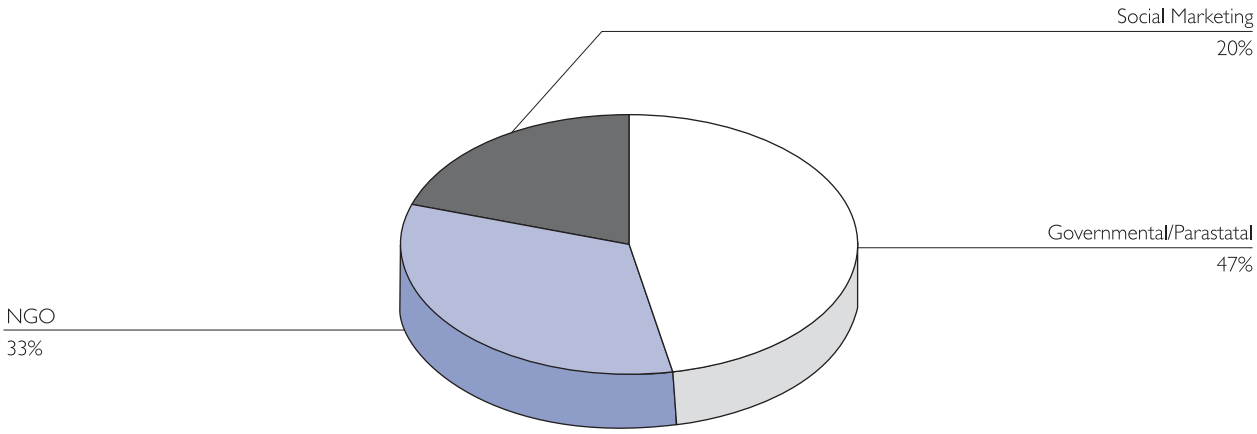
Affiliation Report: Europe & Eurasia FY 2004



Total: $969,000

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Affiliation Report: Latin America/Caribbean FY 2004



Total: $7.8 million

Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Trends in USAID Contraceptive and Condom Shipments

The total value of worldwide USAID contraceptive and condom shipments increased by 12% between FY 2003 and FY 2004, climbing from $65.1 million to $73 million.

Condoms

After increasing in FY 2003, the value of condom shipments in FY 2004 decreased slightly by 2% to a total value of $23 million. The number of pieces shipped worldwide in FY 2004 (422 million) reached approximately the same level as in 1994, 1998, and 2001 (figure 22). Since peaking in 1995, there has been a gradual decline in shipments of condoms worldwide. Figure 22 reflects two independent trends, one through 2002 and one beginning in 2003 due to the creation of the Commodity Fund, which provided condoms for HIV/AIDS free to Mission programs. The majority of condom shipments have gone to Africa in response to the HIV/AIDS epidemic.

Oral Contraceptives

Oral contraceptive shipments have gradually increased since FY 2000 after a few years of fluctuating shipment levels (figure 23). Over the past decade, oral contraceptive shipment levels have steadied and remained on average at approximately 70 million cycles per year. In FY 2003 and FY 2004, oral contraceptive shipments surpassed 80 million cycles, and the value of shipments increased by 4.6%. The ANE and Africa regions have been the largest recipients of oral contraceptives.

Injectables

In contrast to condoms and oral contraceptives, shipments of injectables have increased sharply since FY 1994 (figure 24). One-quarter of a million injectable doses were delivered worldwide in FY 1994, and this figure increased to 19 million doses by FY 2004. Between FY 2003 and FY 2004, there was a 20% increase from 16.1 million to 19.4 million doses shipped worldwide. The ANE and Africa regions have been the largest recipients of injectables.

Implants

USAID's implant shipments over the past decade have generally remained stable, usually numbering between 50,000 and 100,000 sets per year (figure 25). The highest number of implant sets (300,400) was delivered in FY 1999, which included a significant contribution to Indonesia (231,000 implants) in response to its financial crisis and the public sector's need for commodity assistance. After declining in FY 2003, the number of sets shipped in FY 2004 rose to 86,400 sets, a 17% increase from the FY 2003 figure of 73,650. The Africa region was the primary recipient of implants over the past decade.

Intrauterine Devices

Overall, USAID's IUD shipments remain below the levels of the late 1990s (figure 26). One reason for this long-term decline is the 1999 phase-out of IUD donations to Turkey, which had received a large percentage of the IUDs procured by USAID. In FY 2004, 2.2 million units were distributed worldwide, with a value of $3.8 million, representing an 18.7% increase in value from FY 2003. The Africa and ANE regions have been the largest recipients of IUDs.

Vaginal Foaming Tablets

USAID's shipments of VFTs sharply declined over the last decade (figure 27). In FY 1994, approximately 16 million tablets were distributed worldwide, but by FY 2004 shipments had decreased to 321,600 tablets. Compared with FY 2003, there was an 89.7% decline in tablets shipped worldwide in FY 2004. USAID has phased out its procurement of this method, and the last shipment took place in calendar year 2004. For the past few years, the Africa and LAC regions were the only recipients of VFTs.

Figure 22

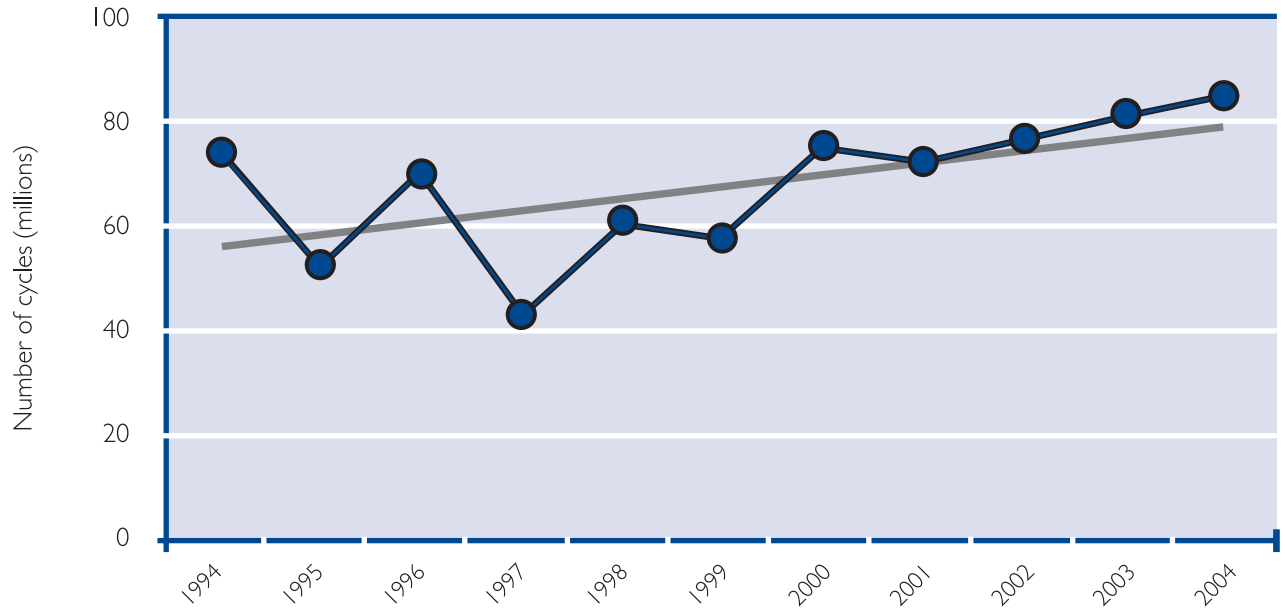
Worldwide Condom Shipments
FY 1994–2004

Note: Condom shipments include both male and female condoms.

Source: NEWVERN Information System, Office of Population and Reproductive Health, May 2005.

Figure 23

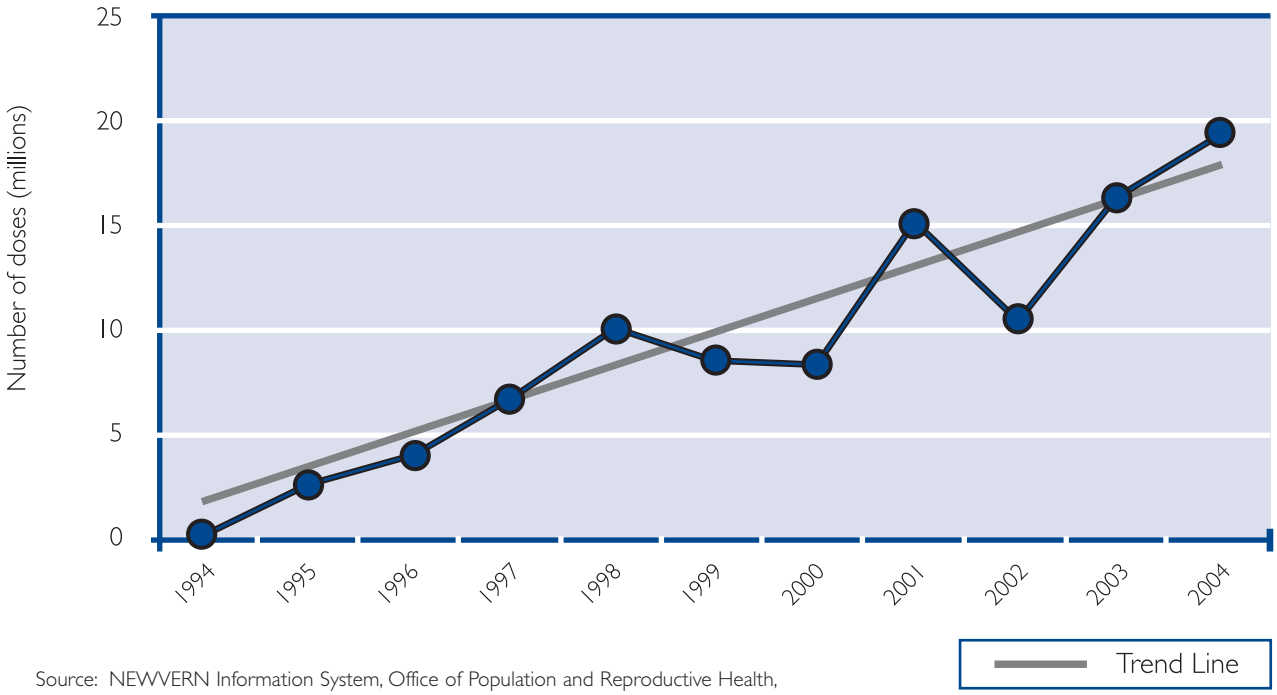
Worldwide Oral Contraceptive Shipments
FY 1994–2004



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 24

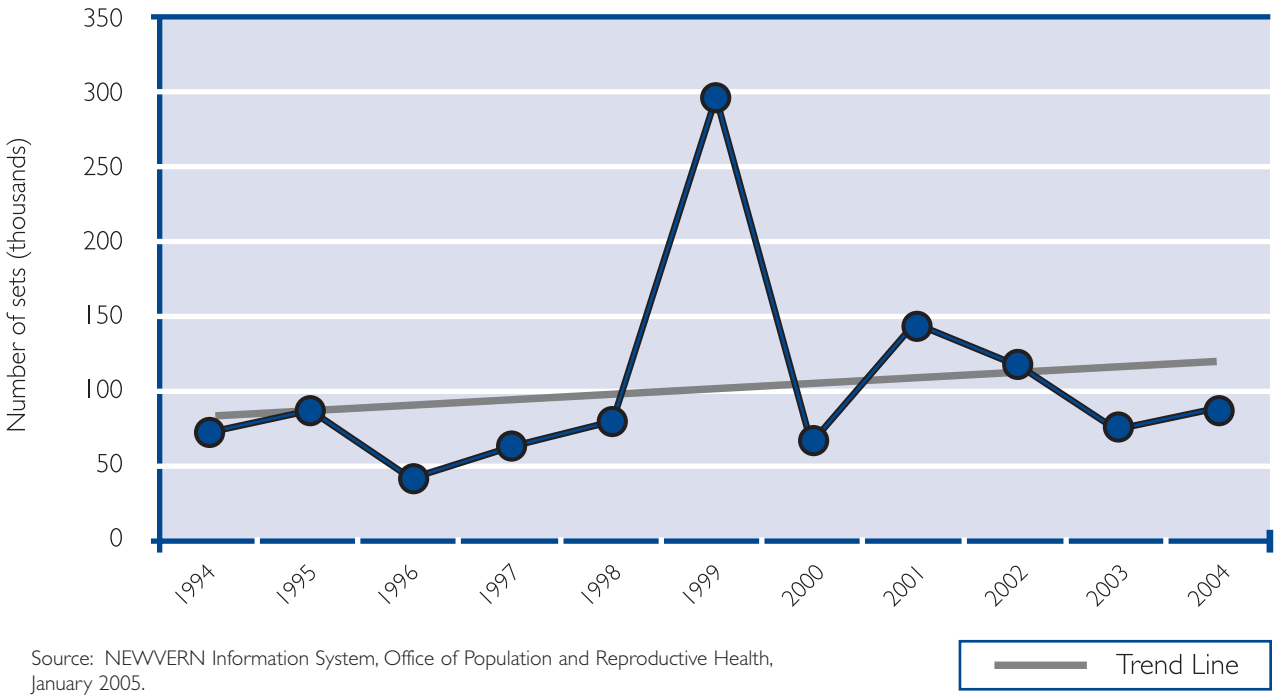
Worldwide Injectable Contraceptive Shipments FY 1994–2004



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 25

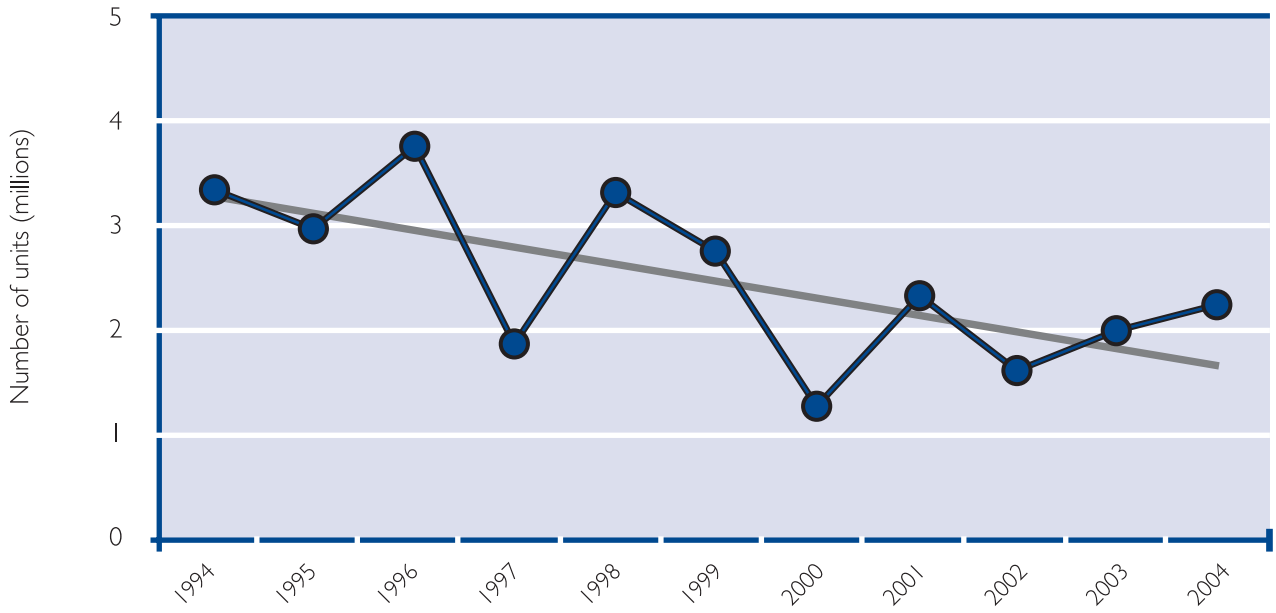
Worldwide Contraceptive Implant Shipments FY 1994–2004



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 26

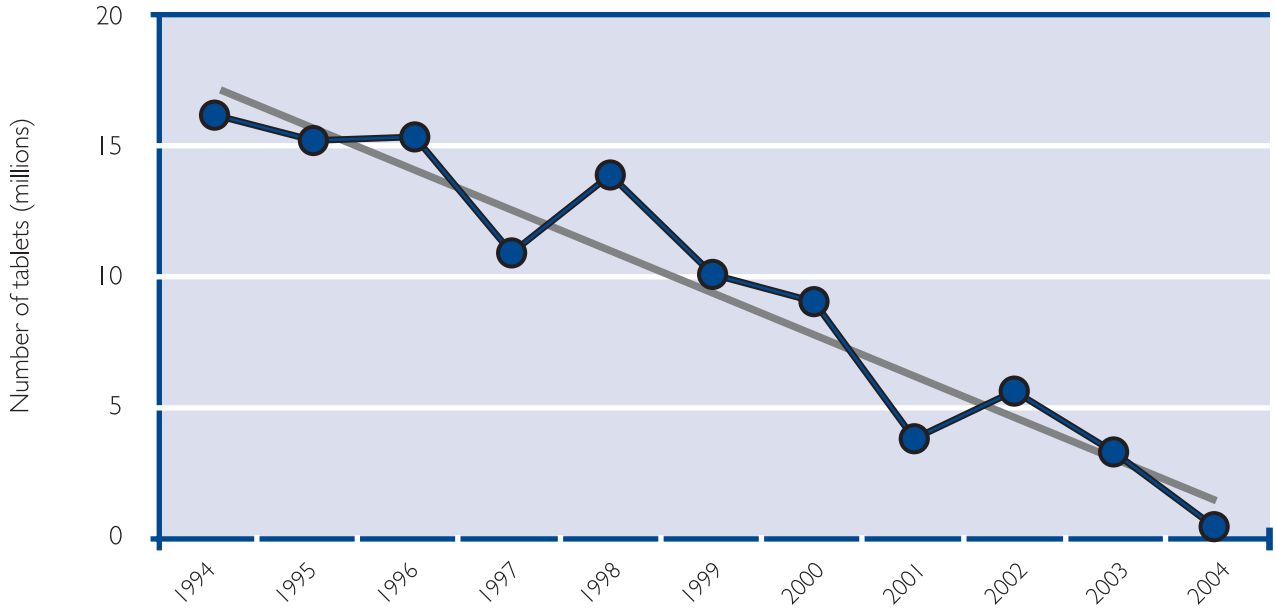
Worldwide Intrauterine Device Shipments FY 1994–2004



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Figure 27

Worldwide Vaginal Foaming Tablet Shipments FY 1994–2004



Source: NEWVERN Information System, Office of Population and Reproductive Health, January 2005.

Technical Terms, Abbreviations, and Definitions

TECHNICAL TERMS and ABBREVIATIONS

AMR	Antimicrobial resistance
Appropriations	An act of Congress permitting federal agencies to incur obligations for specified purposes.
Bilateral	For the purposes of this report, "bilateral" refers to Missions' expenditures under their operating year budgets through agreements procured and managed by the Missions. This does not include field support.
CA	Cooperating agency. For the purposes of this report, CAs are U.S. or international organizations that implement health sector activities under contracts, grants, cooperative agreements, and participating agency service agreements (PASAs) with USAID.
Central core	Funds used to support centrally managed activities for global activities including research, technical leadership, new initiatives, and strategic planning.
Centrally managed	Activities procured and managed in Washington, D.C., by the Bureau for Global Health.
CS/MH	Child survival/maternal health
CSH	Child Survival and Health (Programs)
Expenditures	The amounts spent at the activity level using USAID funds. There is generally a year or more time lag between when funds are obligated and when they are actually spent.
Field office operations	Activities of a recipient organization that is not a local entity but is a U.S. or international implementing organization working out of its field office within the country where the Mission is located.
Field support	The transfer of obligation authority of Mission funds to centrally managed activities to support specific country activities.
FP/RH	Family planning and reproductive health
FY	Fiscal year (October 1–September 30)
GAVI	Global Alliance for Vaccines and Immunization
GHAI	Global HIV/AIDS Initiative
ID	Infectious disease(s)
LDC	Less developed country

MAARD	Modified Acquisition and Assistance Request Document. In the context of this report, MAARDs are the mechanism by which USAID Missions provide previously obligated funds to centrally managed activities.
MACS	Mission Accounting and Control Systems
Mission-managed	Activities procured and managed in the field by USAID Missions.
NGO	Nongovernmental organization
Obligations	Legal commitment of funds through such mechanisms as signed agreements between the U.S. and host governments, contracts and grants to organizations, and purchase orders.
PHN	Population, health, and nutrition
PHNI	Population, Health and Nutrition Information (Project)
TA	Technical assistance
VC	Vulnerable children

USAID Regions and Regional Bureaus

AFR	Africa
ANE	Asia/Near East
E&E	Europe and Eurasia
G/CAP	Guatemala/Central America Program
LAC	Latin America/Caribbean
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RDM/A	Regional Development Mission/Asia
WARP	West Africa Regional Program

FOCUS AREA DEFINITIONS

HIV/AIDS

HIV/AIDS: For this report, managers did not disaggregate HIV/AIDS focus areas because U.S. government requirements were evolving under the President's Emergency Plan for AIDS Relief. More detailed information will be provided in future reports.

Infectious Diseases

Antimicrobial Resistance: Activities to combat the emergence and spread of antimicrobial resistance including drug-resistant strains of pneumonia, bacterial dysentery, sexually transmitted infections, and other diseases. Activities can include improved technical guidelines; policies; management and use of antimicrobials; monitoring for antimicrobial resistance and continued drug efficacy; and vaccine development, particularly for pneumonia and diarrheal diseases.

Malaria/ID: Prevention, control, and treatment of malaria within the general population, including activities to address drug-resistant strains of malaria.

Other Infectious Diseases: Activities to prevent, control, or treat other infectious diseases of significant public health impact, such as dengue, meningitis, leishmaniasis, etc., other than those included under child survival programs.

Surveillance and Response: Activities to improve national, regional, and international capacity and systems for surveillance of major communicable and infectious diseases and of drug resistance. (Note: Excludes surveillance activities counted under polio.)

Tuberculosis: Activities to prevent, control, or treat tuberculosis, including research and interventions to address drug-resistant strains of tuberculosis.

Child Survival/Maternal Health

Child Survival/Breastfeeding: Activities designed to promote breastfeeding in order to improve child health, nutrition, and child spacing.

Child Survival Core: Activities designed to 1) prevent, control, or treat acute respiratory infections; 2) prevent, control, or treat diarrheal disease (including production and distribution of oral rehydration therapy or other commodities, hygiene and health education, and dietary management to reduce incidence or complications of diarrheal disease); and 3) improve the nutritional status of children in order to raise health status. (Note: Excludes micronutrients, vitamin A, and immunizations.)

Child Survival/Environmental Health: Activities addressing environmental risk factors for priority maternal child health issues. Risk factors addressed include poor hygiene (including unsafe household-level water quality, inadequate hand washing, unsanitary feces disposal, and unsafe food handling); poor household water security (including community water supply); environmental sanitation (including community sanitation, solid waste disposal, and drainage); vector control; and indoor and outdoor air pollution.

Child Survival/Immunization: All activities related to the production, testing, quality control, distribution, and delivery of vaccines, including maternal tetanus toxic immunization. (Note: Excludes polio immunizations.)

Child Survival/Maternal Child Health: Activities with a primary purpose of affecting child health and survival by promoting the health of adolescent girls and women of reproductive age, improving pregnancy outcomes, reducing adverse pregnancy outcomes, and improving prenatal and delivery services and neonatal care to promote healthy births.

Child Survival/Policy Analysis, Reform, and Systems Strengthening: Activities to improve or enhance functioning of general PHN systems in support of child survival, including sector reform; quality assurance; pharmaceutical management; information systems; monitoring/analysis of demographic and health data; program improvements such as policy, evaluation, strategic planning, and resource allocation; and health care financing mechanisms, such as cost control, user fees, privatization, and health insurance programs.

Child Survival/Polio Eradication: Activities designed to eradicate polio, maintain polio-free status, and contribute to the development of sustainable immunization and disease control programs in conjunction with polio eradication activities.

Child Survival/Vitamin A and Other Micronutrients: Activities to support the control and prevention of vitamin A deficiencies and other micronutrient deficiencies (including iodine, iron, and zinc) either singly or in combination.

Maternal Health/Nutrition: As part of a maternal health effort, activities that improve the nutritional status of adolescent girls and women to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. (Note: Does not include micronutrients.)

Maternal Health/Policy Analysis, Reform, and Systems Strengthening: Activities to improve or enhance functioning of general PHN systems in support of maternal health, including sector reform; quality assurance; pharmaceutical management; information systems; monitoring/analysis of demographic and health data; program improvements such as policy, evaluation, strategic planning, and resource allocation; and health care financing mechanisms, such as cost control, user fees, privatization, and health insurance programs.

Maternal Health/Safe Pregnancy: Activities designed to promote health of adolescent girls and women of reproductive age, reduce reproductive morbidity and mortality, and improve pregnancy outcomes. Activities include antenatal services; planning for birth; recognition of complications; emergency planning; clean and safe birth; treatment of obstetrical complications; and postpartum care.

Maternal Health/Vitamin A and Other Micronutrients: As part of a maternal health effort, activities to control and prevent micronutrient deficiencies in adolescent girls and women, including vitamin A for women, iodine, iron, zinc, etc., either singly or in combination.

Prosthetics/Medical Rehabilitation: Activities to promote or improve community capacity for medical rehabilitation, including provision of prostheses, training of technicians, vocational rehabilitation, administrative support, and facility improvements. (Note: Includes activities supported by the War Victims Fund.)

Vulnerable Children

Blind Children: Activities with a primary purpose of funding the activities of Helen Keller International and other organizations that focus on preventing blindness among children through simple and inexpensive methods of prevention and treatment.

Orphans and Displaced Children: Used for Child Survival and Health (CSH) Programs account funding. Activities with the primary purpose of providing financial and technical assistance for the care and protection of children and adolescents who are displaced or vulnerable due to separation from their families; are at great risk of losing family care and protection; or are exposed to other sources of extreme duress. Activities focus on children affected by war, including child soldiers, children with disabilities, and other disenfranchised or unaccompanied children such as street children. Activities emphasize strengthening family and community capacity for identifying and responding to the special physical, social, educational, and emotional needs of these children.

Other Vulnerable Children: Used for CSH account funding. Activities with a primary purpose of funding activities that Congress has identified as important in assisting disadvantaged children. Activities support nongovernmental organizations such as the Special Olympics that work with children and adolescents with cognitive and/or physical disabilities. (Note: Excludes victims of war and victims of torture.)

Family Planning/Reproductive Health

Breastfeeding/Family Planning: Activities that promote breastfeeding and the Lactational Amenorrhea Method (LAM) in order to prevent unintended and mistimed pregnancies.

Family Planning Services: Activities aimed at the direct provision of family planning services, such as support for service delivery programs; information, education, and communication activities; the purchase and delivery of contraceptives; logistics training and management capacity building; and biomedical and operations research.

Integrated Reproductive Health: Reproductive health activities not captured under family planning or breastfeeding but closely related, including post-abortion care, female genital cutting, integrated family planning/HIV/sexually transmitted disease activities, integrated family planning/safe motherhood activities, and non-family planning aspects of adolescent reproductive health.

Non-Family Planning/Reproductive Health Activities: Activities in related other health and non-health areas such as female education and empowerment implemented to directly enhance the demand and use of family planning services.

Policy, Data Analysis, and Evaluation: Activities aimed at developing, refining, and/or evaluating population and family planning policies and programs, such as policy development, systems strengthening, strategic planning and resource allocation, the collection/monitoring/analysis of demographic and health data, and related training and research.

FUNCTIONAL ACTIVITY DEFINITIONS

Behavior Change and Communications: Activities aimed at promoting healthy behaviors and health behavior change through communications; mass media; community-based messages; interpersonal counseling and interactions; or other individual, community, and institutional behavior change interventions.

Contraceptives and Condoms: Contraceptive and condom procurement through the Central Commodity Procurement program managed by Commodities Security and Logistics only.

Data Collection, Monitoring, Evaluation, and Health Information Systems: Activities that support data collection, monitoring, and evaluation that inform managers of health and population programs. Also includes activities that support, develop, or improve health information and surveillance systems and increase the use of and demand for data and information in health systems.

Health Commodities: The cost of purchasing contraceptives, condoms, and other health commodities (such as test kits, laboratory equipment, etc.), including the procurement, warehousing, and shipping of commodities. These costs should not include technical assistance to organizations to strengthen their ability to manage the distribution of commodities or to strengthen systems.

Institutional Capacity and Management: Activities that support and strengthen the management and human resource capabilities of host-country population, health, and nutrition programs and organizations. This category includes all aspects of management including strategic planning, financial management, personnel management, quality improvement, the management of service delivery facilities and programs, management of administrative systems, management training, and human resource development.

Pharmaceutical Management and Logistics: Activities that help promote and ensure the availability and appropriate use of health commodities of assured quality, including measures to preserve the effectiveness of existing drugs and combat antimicrobial resistance in both the public and private sectors. This includes forecasting as well as ensuring the provision of unbiased drug information for providers and users. It includes strengthening health systems and local capacity for drug selection, quantification, and international procurement (along with improved decision-making relating to drug policy and health reform); regulatory, drug quality, and financing issues; and activities to change incorrect drug use and demand at the individual and community levels.

Policy Development: Planning and analysis that supports development, implementation, and financing of policies that promote improved access to health services. This includes supporting partnerships that bring greater resources to bear on addressing health programs.

Research: Includes biomedical research that develops new or improves existing health products/technologies; operations research that improves delivery of information and services; and social and behavioral science research that advances knowledge of determinants and consequences of health behavior and develops new or improves existing tools and approaches to change health-related behaviors at individual, community, and institutional levels.

Service Delivery: Delivery of family planning, health, or nutrition services through the formal health infrastructure, public or nongovernmental, as well as through community-based services. (Note: Excludes social marketing).

Social Marketing and Partnering with the Commercial Sector: The use of commercial marketing concepts and/or techniques, including promotion, pricing, distribution, and sale of health commodities and/or services at a socially acceptable price. Also includes activities to work with the commercial private sector to deliver health and family planning services.

Training: Short-term or long-term training, whether based in a classroom or service site, for service delivery and health system personnel. (Note: Training that is part and parcel of an overarching activity should be considered under that larger activity. For example, management training should be considered under "Management.")

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